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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DEAN AFTON LLC**

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DEC 0 1 5053 I. LEMIEUX To: 18506176383 From: 19166105073 Date: 12/05/23 Time: 3:43 PM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEAN AFTON LLC

(Name of the Limited Liability (A Florida L	Company as it now appear imited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Con Florida document numberL23000523020	npany were filed on	11/20/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company he	ere:	
Dean Aston LLC			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the d	esignation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>		
Enter new mailing address, if applicable:			
`	<del> </del>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our re	ecords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address			
		, Florida	
	City	<del></del>	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		•
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of nt as provided for in C	my duties, and I am j Thapter 605, F.S. Or.	familiar with and if this document is
			~ •••

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□ Add	
			[]Remove	
			□ Change	
		<del></del>		
			□Remove	
			□ Change	
	-			
		□Remove		
			☐ Change	
			□ Add	
		□Remove		
			□ Add	
		□Remove		
			☐ Change	
<u></u>				
			□Remove	
			Ell Change	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the record is filed. November 30 /Signature of a member or authorized representative of a member

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