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L24000034177

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
(Address) (Address) (City/State/Zip/P) PICK-UP WAIT	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	

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COVER LETTER

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SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
		Jeffrey Bozigian		
			Name of Person	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Division of Corporations Debbie George Ventures, LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Jeffrey Bozigian			
		153 E Flagler St #300		
			Address	
		Miami, FL 33131	_	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For further in	nformation co	oncerning this matter, please co	all:	
Donnajo Me	ует		_	
	Name of	Person		me Telephone Number
Enclosed is a	check for th	e following amount:		
≅ \$25.00 F	filing Fee		Certified Copy	Certificate of Status &
				ection
		-	The Centre of	Tallahassee
Tal	lahassee, F	L 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Debbie George Ventures, LLC				
(Name of the Limited Li (A Flo	ability Compa orida Limited I	ny as it now appears of Liability Company)	n our records.)	
he Articles of Organization for this Limited Liabili	ty Company	were filed on $\frac{01/17}{1}$	//2024	and assigned
lorida document number L24000034177	·			
his amendment is submitted to amend the following	g:			
. If amending name, enter the new name of the	limited liab	ility company here	:	
Debbie George Venture, LLC				
he new name must be distinguishable and contain the words	"Limited Liabil	lity Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Interney principal offices address if applicable	•			
Enter new principal offices address, if applicable:		N/A		
<u>Principal office address MUST BE A STREET AL</u>	<u>DDKESS)</u>			
			h=	
			ž	ř.
nter new mailing address, if applicable:		N/A	enation "LLC" or the abbreviation "L.L.C	<u>-</u>
	3		: •	-
ailing address MAY BE A POST OFFICE BOX)		_	: .	i
				·
3. If amending the registered agent and/or regist gent and/or the new registered office address he		address on our rec	ords, <u>enter the name</u>	of the new regist
Name of New Registered Agent:	/A	 		
New Registered Office Address:	/A			
		Enter Floride	i street address	
			. Florida	
		City		Zin Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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
	N/A		□Add
			□Remove
			☐ Change
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
		□Remove	
			Change
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			Change
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Effective date, if (If an effective date is Note: If the date document's effect	listed, the date musinserted in this bl	st be specific and co	et the applicable	te of filing or more that statutory filing requ	options n 90 days after fili irements, this da	al) ng.) Pursuant to 605.02 ate will not be listed	207 (3 as th
he record specifies a ord is filed.	a delayed effectiv	e date, but not ar	effective time,	at 12:01 a.m. on the	earlier of: (b)	The 90th day after the	he
Dated / U -	14.20	24					
	4	Signature of a me	mber or authorized	representative of a m	ember	 	
	4	Signature of a me	mber or authorized	representative of a m	ember		

Filing Fee: \$25.00