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COVER LETTER

TO: Registration So Division of Con	ection rporations		,
Dejavu Tit	le LLC		• • •
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nadiia Yaroshenko		
		Name of Person	
	Dejavu Title LLC		
	- 1 -12-12-1	Firm/Company	
	5480 Walnut Ave		
		Address	
	Bunnell, FL, 32110		
		City/State and Zip Code	
	nadiia.varvadiuk@gmail.co		
Das Gunkas in Comment on		to be used for future annual report notif	heation)
ror further information c	oncerning this matter, please c	aii;	
Nadiia Yaroahenko		224- 595-2449 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	A `
Registration Section Division of Corporations		Registration Sec	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dejavu Title LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our record mited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Com	npany were filed on <u>04/08/2024</u>	and assigned
lorida document number L24000165733		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		24
		基 五
nter new mailing address, if applicable:		沙山 二 三
Mailing address MAY BE A POST OFFICE BOX)	-	第章 [M
		200 -
		00E 2
If amending the registered agent and/or registered or gent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
Assessed Office (Audito).	Enter Florida street addres	z .
	, Flo	orida
	City	Zip 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
Manager	Vasyl Yaroshenko	1914 Beech Blvd, Bunnell, Fl, 32110	□Add
			■Remove
			□Change
Manager Nadiia Yaroshenko	Nadiia Yaroshenko	1914 Beech Blvd, Bunnell, Fl, 32110	≅Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
vore:	tive date, if other than the date of filing:
reco i is i	ord 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 filed.
atec	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Vasyl Jaros Leuko Typed of printed name of signee
	.,, , , , , , , , , , , , , , , , , , ,

Filing Fee: \$25.00