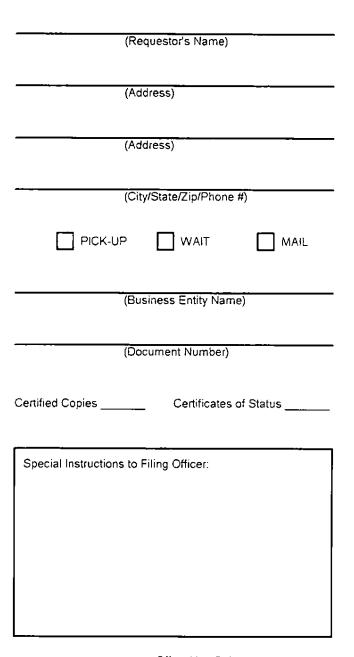
## L24 000 209 665



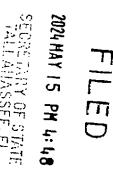
Office Use Only



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05/15/24--01031--001 \*\*25.00



## **COVER LETTER**

TO:	Registration So Division of Cor			
¢1:0 197	Down Dec	o Deep LLC		
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Dominic Black		
			Name of Person	
			Firm/Company	
		7801 66th St. N		
			Address	
		Pinellas Park, FL 33781		
		d.black@down-deep.com	City/State and Zip Code	
		•	to be used for future annual report no	tification)
For furth	ner information of	concerning this matter, please co	·	
Dominio	e Black		813 25200000	
	Name o	of Person	at () Area Code Daytii	me Telephone Number
Enclosed	d is a check for t	he following amount:		
■ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration		Street Address: Registration S	ection
	Division of C	Corporations	Division of Corporations	
	P.O. Box 6327		The Centre of	Tallahassee

Tallahassee, FL 32314

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2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Down Deco Diving LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000209665</u> .	were filed on <u>05/06/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Down Deep Diving LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2024 Sec
<del></del>		SEGNETAL PAR
		<u> </u>
Enter new mailing address, if applicable:		XX
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
		TH <b>CO</b>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the</u>	e name of the new registere
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agra provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and s provided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is
If Char	nging Registered Agent, Signature of N	ew 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
	<del></del>		□Add
		<del>-</del>	□Remove
			□Change
			□Add
		<del></del>	□Remove
			\ \_Add
		<del></del>	□Remove
			□ Change
		<del></del>	□Remove
			□Add
			⊡Remove
			□Change
			DAdd
			□Remove
			□ Chanus

). It amending any other informa	ation, enter change(s) here: (Attach a	additional sheets, if necessary.)
<del></del>		
<u> </u>		
		<del></del>
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	·	
		<del></del>
		<del></del>
<del></del>	<del></del>	
<ul> <li>Note: If the date inserted in this b</li> </ul>	e date of filing:	(optional)  ng or more than 90 days after filing.) Pursuant to 605,0207 (3 xb  y filing requirements, this date will not be listed as the
f the record specifies a delayed effective cord is filed.	ve date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
Dated May 13th	2024	
	LOCIEL DA	
	Signature of a member or authorized represe	

Filing Fee: \$25.00

Typed or printed name of signee