

L24000243260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

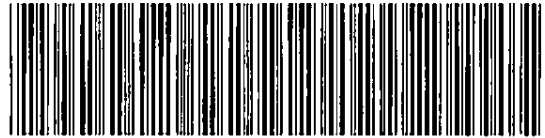
(Business Entity Name)

(Document Number)

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2024 SEP 25 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Degen Roundtable LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brendan Mercier

Name of Person

Firm/Company

269 NW 7th ST APT 319

Address

Miami, FL 33136

City/State and Zip Code

brendm13@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Potter

678

372-2116

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP 25 PM 3:56

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Degen Roundtable LLC

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/03/2024 and assigned
Florida document number L24000243260

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Brendan Mercier

New Registered Office Address:

269 NW 7th ST APT 319

Enter Florida street address

Miami

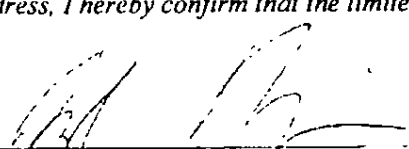
Florida 33136

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DICKENSON, JOSH	9805 DEE WAY	<input type="checkbox"/> Add
		MIDDLE RIVER, MD 21220	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SCHROTH, JUAN	1308 E Ellis Dr	<input type="checkbox"/> Add
		Tempe, AZ 85282	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NAPOLITANO, JEFFREY	601 Glenwood Dr	<input type="checkbox"/> Add
		Metairie, LA 70001	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2014 SEP 25 PM 3:50
SECRETARY
TALLAHASSEE FL

2024 SEP 25 11 11 AM
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TALLMAN

2024 SEP 25 PM 3:55
SECRETARY
TALLA

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00