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## **COVER LETTER**

TO: Registration Sect Division of Corpo		
CUBIECT:	Yame of Limited Liability Company	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Zsolt Gulyas	
	_	
	Deula LLC FinyCompany	
	· · · · · · · · · · · · · · · · · · ·	
	1026 Wildrose Wing	
	City/State and Zip Code	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information cor	ncerning this matter, please call:	
ى ز ك	Person at (813) 766-522  Area Code Daytime Telephone Number	_ _
Name of F	Person Area Code Daytime Telephone Number	
Enclosed is a check for the	: following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fe Certificate of Status Certified Copy Certificate of S (additional copy is enclosed) Certified Copy (additional copy is	Status &
Mailing Address:	Street Address:	
Registration Se	ection Registration Section	
Division of Co P.O. Box 6327	·	
Tallahassee FI		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Devia L	Company as it now appears on our records \
(A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	ed liability company here:
The new name must be distinguishable and contain the words "Limited	rd Liability Company," the designation "LLC" or the abbreviation 2.L.C."
Enter new principal offices address, if applicable:	JAN
(Principal office address MUST BE A STREET ADDRES	
Enter new mailing address, if applicable:	
(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:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered A	City Zip Code Agent:
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen	nd agree to act in this capacity. I further agree to comply with the inplete performance of my duties, and I am familiar with and int as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		33547	□Change
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(If an effective day Note: If the control of the co	ate is listed, the da late inserted in t	n the date of file to must be specific his block does not the Department of	and cannot at meet th	e applicab			ın 90 days af				
the record speci cord is filed.	fies a delayed ef	fective date, but r	not an eff	ective tim	e, at 12:01	a.m. on the	earlier of:	(b) The	e 90th d	ay after	the
Dated	Janua.	4 22		OZO	- <i>•</i>						
	<u> </u>	Signature of	f a member	r or authori	zed represen		nember	<del>.</del>			
		Zrolt	64	14as	~						

Filing Fee: \$25.00