## L22000/3573/

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## **COVER LETTER**

TO:

	EVINTEC	SOBE, LLC			
SUBJECT: 🌉	DEVINTEC SOBE, LLC    DEVINTEC SOBE, LLC				
	DEVINTEC SOBE, LLC    Name of Limited Liability Company     Articles of Amendment and fee(s) are submitted for filing.   all correspondence concerning this matter to the following:    P. TRISTAN BOURGOIGNIE				
Please return all	correspon	ndence concerning this matter	to the following:		
		P. TRISTAN BOURGOIG	NIE		
			Name of Person		
		TRISTAN BOURGOIGNI	E, P.A.		
			Firm/Company		
		2655 LEJEUNE ROAD, #*	700G		
		-	Address		
		CORAL GABLES, FL 331	34		
			•		
				port polification)	
For further info	rmation ec	·		or normality	
P. TRISTAN B	OURGO	GNIE	305 200 (	0350	
	Name of	Person		Daytime Telephone Number	-
Enclosed is a ch	eck for th	e following amount:			
		☐ \$30.00 Filing Fee &	Certified Copy	Certificate of St sed) Certified Copy	tatus &
Regis Divis P.O. I	tration S ion of Co Box 632	ection orporations 7	Registrat Division The Cent 2415 N. i	ion Section of Corporations re of Tallahassee	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

npany as it now appears on our records. ed Liability Company)	<del>)</del>
nny were filed on 03/18/2022	and assigned
iability company here:	
ability Company," the designation "LLC"	or the abbreviation "L.L.C."
	2023
	CALL CALL
	757 <b>P</b> 0 17
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<u> </u>	<del></del>
ce address on our records, <u>enter t</u>	he name of the new regis
Enter Florida street address	
, Floi	rida Zip Code
	iability Company)  iability company here:  iability Company here:  iability Company." the designation "LLC"  ce address on our records, enter the designation of the

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 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
AMBR	DEVINTEC, SAGL	CORSO ELVEZIA, 14	□Add
		LUGANO SWITZERLAND 6900	<b>■</b> Remove
			□Change
AMBR	GALCO 3000 SPAIN, S.L.	Calle Jimenez. 10	<b>≣</b> Add
		24676 Herreos de Jamuz, Ayunt. Quintana Y	Congosto □Remove
		LEON, SPAIN	
			□Add
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te: If the date inserted in this block does not meet the ap	pplicable statutory filing requirements, this date will not be lis	sted as
rument's effective date on the Department of State's rec	ords.	
cord specifies a delayed effective date, but not an effect	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
s filed.	)	
SERTEMBER 25	<i>'</i>	
	·	
ted SEPTEMBER 25,		
red SEPTEMBER 25.		