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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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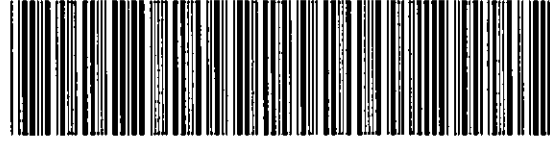
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S. WARREN

AUG 22 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APOKA DEVALK 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:

PAYMAYESH, ROBERT
Name of Person

-
Firm/Company

1631 WOODWARD ST.
Address

ORLANDO FL 32803
City/State and Zip Code

BOB @ PE-GRP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAYMAYESH ROBERT at (407.) 488-5028
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APOPKA DEVALK LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 8/14 / 2017.

ROBERT PAYMAYES (!)

Typed or printed name of signee

Filing Fee: \$25.00

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