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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	TIAW	MAIL
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Certified Copies	_ Certificates	of Status
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S. WARREN AUG 2 2 2017

COVER LETTER

TO: Registration Section Division of Corporations									
SUBJECT: A POPKA DEVALK LL C. 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									
Firm/Company									
1631 WODDWARD ST. Address									
ORLANDO FL 32803. City/State and Zip Code									
City/State and Zip Code BOB @ PE-GRP. (ON) E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
PAYMAYESH LOBBOT at (407-) 488-5028 Name of Person Area Code Daytime Telephone Number									
Enclosed is a check for the following amount:									
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APOPKA	DEVAL	K LI				
(Name of the Limited Liabil (A Florid	lity Company as la Limited Liabili	t now appears y Company)	on our records.)			
The Articles of Organization for this Limited Liability (Florida document number <u>L 150007</u> 2	Company were			8/5 and as	signed	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	<u>iited liability (</u>	ompany hei	<u>·e</u> :			
-						
The new name must be distinguishable and contain the words "Lin	nited Liability Co	mpany," the de	signation "LLC" or	the abbreviation "L	.L.C."	
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADD)	<u>RESS)</u>					
Enter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFICE BOX)						
			<u></u>			
B. If amending the registered agent and/or regis	stered office	address on	our records, ei	iter the name	of the new	
registered agent and/or the new registered office add	lress here:		<u> </u>	THE RUNIE	OL CHE HEAV	
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	<u> </u>		, Florid	a		
		lity		Zip Code		
New Registered Agent's Signature, if changing Registere						
hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete perfo igent as provid ed office addr	rmance of n led for in Cl ess, I hereby	ny duties, and L napter 605, F.S.	am familiar will Org-if this doct e limited liabil.	th and ument is ity T	
	п спандиц (eegiatet eu vege	in, aiguaitic of the		<u>11</u> —	

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
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Filing Fee: \$25.00