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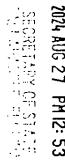
(Requestor's Name)
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TO:	Registration Sect Division of Corpo			•	
SUBJE	· ፫ ተ-	DEVOUR	LLC		
30031		Name of Lim	ited Liability Company		
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		•
Please	return all correspond	dence concerning this matter	to the following:		
			Name of Person	JUFZ	
			Firm/Company	DEVOUR	
		P.O. BOX	370335 Address		
		MiAMI	FL 33 City/State and Zip Code	127	
		DEVOUR.	LIFESTY LE	FO GMAIL report notification)	COM .
For fur	her information cor	cerning this matter, please ca		,	
_J1	DOINA MO	ARQUEZ Person	at (<u>813</u>) Area Code	477.373 Daytime Telephone Nu	mber
Enclose	ed is a check for the	following amount:			
☐ \$ 2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certi	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
·	Mailing Address: Registration Se	ction	<u>Street Ad</u> Registra	<u>Idress:</u> ition Section	
	Division of Co	\		n of Corporations	
\	P.O. Box 6327	22214		ntre of Tallahassee	0.10
\	Tallahassee. FL	/ 14 أذكذ.	2415 N.	. Monroe Street, Sui	te 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DEVOUR	LLC	- 1997. is
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	3/6
The Articles of Organization for this Limited Liability Comp Florida document number <u>LIVDDDD45645</u> .	pany were filed on 3/4/16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited DEVOUR LIFESTYL The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the a	
Enter new principal offices address, if applicable:	3300 BISCAYNE SI# A-3	BIVD
(Principal office address MUST BE A STREET ADDRESS	S) # A3 MIAMI PL 33	137
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 370 Miami, FL	335 33127
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the nan	ne of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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

or removed	from our records:		
MGR = M			
<u> Fitle</u>	<u>Name</u>	Address	Type of Actio
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	d specifies a c th day after t			e, but not	an effecti	ve time, a	ot 12:01	a.m. on t	he earlier
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