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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
<u>_</u>			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer;			

Office Use Only



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S. YOUNG

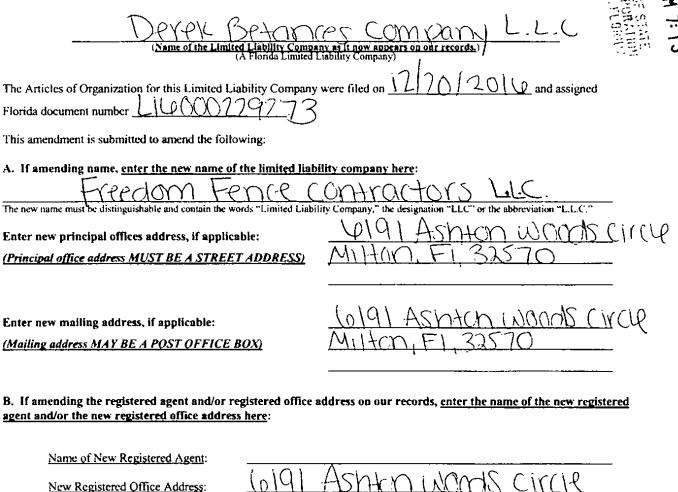
COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Devel Belances Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Devek Chayles Betances
Devel Betances impany L.L.C
10191 AShten Woods Circle
City/State and Zip Code
For further information concerning this matter, please call:
Devel Betaines at (850) 424-5216 Name of Person at (850) Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$ \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$260.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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

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
			□Add
			🗆 Remove
			☐ Change
			🖸 Add
			Remove
			□Change
			□Add
			□Remove
			[] Change
			
			□ Remove
			□ Add
			□Remove
			DChange
			□Add
			□Remove

Page 2 of 3

D. If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effer <u>Note:</u> I	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	02/12/2020 12:00pm
	Dartiel Brand
	Derek Betances
	Typed or printed name of signee

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Filing Fee: \$25.00