## 117000018995

| (Requestor's Name)                      |
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DIVISION OF CONTENTS ST

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## **COVER LETTER**

| Division of Cor                   | porations                                       | •   |  |  |  |  |  |
|-----------------------------------|---|---|--|--|--|--|--|
| DEVORO                            | HOMES, LLC                                      |   |  |  |  |  |  |
| Name of Limited Liability Company |   |   |  |  |  |  |  |
| The enclosed Articles of          | Amendment and fee(s) are sub                    | mitted for filing.  |  |  |  |  |  |
| Please return all correspo        | ndence concerning this matter                   | to the following:   |  |  |  |  |  |
|                                   | S. Chase Williams                               |   |  |  |  |  |  |
|                                   |   | Name of Person  |  |  |  |  |  |
|                                   | DEVORO HOMES, LLC                               |   |  |  |  |  |  |
|                                   |   | Firm/Company  |  |  |  |  |  |
|                                   | P.O. 15887                                      |   |  |  |  |  |  |
|                                   |   | Address   | <del></del>  |  |  |  |  |
|                                   | Tallahassee, FL 32317                           |   |  |  |  |  |  |
|                                   |   | City/State and Zip Code   |  |  |  |  |  |
|                                   | schasewms@gmail.com                             |   |  |  |  |  |  |
| For further information c         | n-mail address: (                               | to be used for future annual report notifiall:                      | cation)  |  |  |  |  |
| Leah Panton                       |   | 844 433-8676  |  |  |  |  |  |
| Name o                            | f Person  | at ()<br>Area Code Daytime  | Telephone Number   |  |  |  |  |
| Enclosed is a check for th        | ne following amount:                            |   |  |  |  |  |  |
| □ \$25.00 Filing Fee              | □ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ■ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

| DEVORO HOMES, LLC  |  |  |
|--|--|--|
| ( <u>Name of the Limited Liability Com</u><br>(A Florida Limited   | pany as it now appears on our reco<br>d Liability Company) | ords.)   |
| The Articles of Organization for this Limited Liability Compar   | ny were filed on   | and assigned   |
| lorida document number L17000018995  |  |  |
| his amendment is submitted to amend the following:   |  |  |
| a. If amending name, enter the new name of the limited lia   | ability company here:                                      |  |
| he new name must be distinguishable and contain the words "Limited Lia   | bility Company," the designation "L                        | .LC" or the abbreviation "L.L.C."  |
| nter new principal offices address, if applicable:   |  |  |
| Principal office address MUST BE A STREET ADDRESS)   |  |  |
|  | <del></del>  |  |
|  |  | 129<br>(129  |
| nter new mailing address, if applicable:   |  | CORPOR<br>A PROPERTY OF THE PROP |
| Mailing address MAY BE A POST OFFICE BOX)  |  | <b>18</b> 20 8.1   |
|  |  | : 5  |
|  | · · · · · · · · · · · · · · · · · · ·                      | - <del>Z</del>   |
| <ol> <li>If amending the registered agent and/or registered<br/>egistered agent and/or the new registered office address he</li> </ol> | office address on our reco<br>ere:                         | rds, <u>enter the name of the ne</u>   |
|  |  |  |
| Name of New Registered Agent:  |  | <del></del>  |
| New Registered Office Address:   |  |  |
|  | Enter Florida street add                                   | ress   |
|  |  | 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

. 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> | <u>Address</u>        | Type of Action |
|--------------|-------------|-----------------------|----------------|
| MGR          | Max Beverly | P.O. Box 15887        | <b>∃</b> Add   |
|              |             | Tallahassee, FL 32317 | <b>D</b> D     |
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| Tective date, if other than the one effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De | ck does not meet               | t the applicable. | e of filing or more<br>statutory filing re | ( <b>option</b><br>than 90 days after fil<br>quirements, this d | al)<br>ing.) Pursuant to 60<br>ate will not be lis | 5.020<br>ted a |
| record specifies a delayed<br>The 90th day after the reco   | effective date<br>rd is filed. | e, but not an     | effective time                             | e, at 12:01 a.n   | n. on the earl                                     | ier d          |
| ted May 24  |                                | 2018              | $\wedge$                                   |   |  |                |
|   | /()                            |                   | / 🔨  |   |  |                |

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Filing Fee: \$25.00