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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration So Division of Cor					
)				
SUBJECT: Devesa LLC Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	<u>Nery</u>	De VOSA Name of Person	<u></u>		
		MOR Firm/Company			
		AVE LOT 231 Hon			
		33030			
	Pavla 7/952 E-mail address: 1	City/State and Zip Code agmail.com to be used for future annual report notif			
For further information c	oncerning this matter, please co				
Nery	Dovosa	at (<u>780</u>) <u>5960</u> Area Code Daytime	1265		
Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for t	he following amount:				
\$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Levesa, a	110		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our Florida Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liab Florida document number		120/3017 and assigned	
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicab	de:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	ee address here:	7,56	
Name of New Registered Agent:	- 10 e1 q 1/2 V e 30.	1 1 028	
New Registered Office Address:	100 NE O AVE Enter Florida stree	1 address (7) 12	
	Neiy 1)QUESA 100 NE G AVE Enter Florida street Homes tead	Florida 3330	
	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 Title Name Address Type of Action Cabriel Jaramillo MOR FL 33030 ☐ Remove _□ Change □ Remove _____ Change _□ Add □ Remove ☐ Change □ Remove □ Change ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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 SS: 0
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Page 3 of 3

Filing Fee: \$25.00