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COVER LETTER

Division of Cor	porations		
Devpooja, i SUBJECT:			
SUBJECT:		ited 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:	
	Bhavna Patel		
		Name of Person	
	Devpooja, LLC		
		Firm/Company	
	8327 Old Town Dr		
		Address	
	Tampa, FL 33647		
		City/State and Zip Code	
	pken69@gmail.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
Kamlesh Patel		616 405-1257 at ()	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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)

TO:

Registration Section

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

Devpooja, LLC				
(Name of the Limi	ted Liability Compa	ny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited L			₹	
Florida document number L18000088898				-·,
This amendment is submitted to amend the following	lowing:		T 24 ASSEE	
A. If amending name, enter the new name of	f the limited <u>liab</u>	ility company here:	2 A	
			AH 10: FLOR	34
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design		
Enter new principal offices address, if appli-	cable:	Kamlesh Patel		
(Principal office address MUST BE A STREET ADDRESS)		8327 Old Town Dr.		
(Frincipal office address MOST BE A STREE	LI ADDRESSI	Tampa, FL 33647		
		·		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of			r records, enter the name of the	e new
Name of New Registered Agent:	Kamlesh Patel	 '		
New Registered Office Address:	8327 Old Town	n Dr.		
rew registered Office readless.		Enter Florida s	street address	
	Tampa		, Florida 33647	
		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>	Address	Type of Action
MGR	Kamlesh Patel	8327 Okl Town Dr., Tampa, fl 33647	Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
		<u></u>	☐ Change
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ctive date, if other than the	date of filing:		cer	(optional)	
effective date is listed, the date must :: If the date inserted in this blo	ock does not meet th	ne applicable sta	tutory filing requir	ements, this date will i	not be listed
ment's effective date on the De	partment of State's	records.			
ecord specifies a delayed	effective date.	but not an e	ffective time. a	t 12:01 a.m. on t	he earlier
ne 90th day after the reco				····· •·· •	•
October 18	20	18			
d October 18	·	·			
Bhowns	Etal	∽			
	Signature of a member		, .	. 1	

Page 3 of 3

Filing Fee: \$25.00