## L18000111317

(Re	equestor's Name)	<u>.</u>
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(Ci	ty/State/Zip/Phone #	<i>f</i> )
PICK-UP	(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  tified Copies Certificates of Status  pecial Instructions to Filing Officer:	
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Office Use Only

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## **CQVER LETTER**

Division of Cor			
SUBJECT: DEVR	IES HOLDINGS, LL	L C	
	Name of Lim	ited 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:	
	HARRY DE	RMER Name of Person	
		HOLDINGS, LLC Firm/Company	
	12300 S.W.S	Address	<del></del>
	PORT ST. Luci	E FL 34987 City/State and Zip Code	
	ROHARRY E-mail address: (0	110 @ GMAIL. COM to be used for future annual report noti	ification)
For further information c	oncerning this matter, please or	dl;	
HARRY De	ERMER if Person	at ( <u>860</u> ) <u>970 - (</u> Area Code) Daytim	6368 ne Telephone Number
Enclosed is a check for the	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

Registration Section

STREET/COURIER ADDRESS:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DEVRIES HOLDINGS, Longon (Name of the Limited Liability Compare (A Florida Limited I.	LC		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited I.	ny as it now appears on our records.) Jability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L 18000 [11317]	were filed on <u>5/3/2018</u>	and assigned	i
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
N/A			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:	N/A	Ö	
(Principal office address MUST BE A STREET ADDRESS)		<b>3</b>	<u></u>
		90 <del>8</del>	<u>중</u> 환
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Enter new mailing address, if applicable:		<b></b>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<del>?:</del>
	<del></del>		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of th	<u>ie new</u>
Name of New Registered Agent:	<u>V/A</u>		
New Registered Office Address:	Enter Florida street address		
	Emer ruriau street autress		
	, Florida	2i., ( ), ( )	
Name Desirated Association (C. 1)	v ny	zip e oak	
New Registered Agent's Signature, if changing Registered Agent:			

Thereby 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
AMBR	ERIC John DeVRIES	Part St. Locie, FL 34884	<b>⊠</b> Add
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Filing Fee: \$25.00