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Division of Corporations

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: (850)617-6383

From:

Account Name : EXPERTAX

Account Number : 120200000010

Phone

: (407)777-7470

Fax Number

: (321)296-9743

**Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.

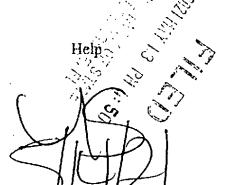
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DEVISE HOMES LLC

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COVER LETTER

TO: Registration Section Division of Corpo			•
	MES LLC		
SUBJECT:	Name of Limit	ed Liability Company	
•			
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	JUAN CAMILO PEREZ, L	TC	
		Name of Person	
•			
		Firm/Сомраду	······································
	OMES LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indeuce concerning this matter to the following: JUAN CAMILO PEREZ, LLC Name of Person Firm/Company 210 N. BUMBY AVE Address ORLANDO, FL 32803 City/State and Zip Code E-mail address: (to be used for future smaual report notification) concerning this matter, please call: at 407 9237333 at 407 9237333 of Person the following amount: ###################################		
		Address	20 S5
	ORLANDO, FL 32803	Name of Limited Liability Company Int and fee(s) are submitted for filing. Incertaing this matter to the following: I CAMOLO PEREZ, LLC Name of Person Firm/Company I. BUMBY AVE Address ANDO, FL 32803 City/State and Zip Code E-mail address: (to be used for future annual report notification) g this matter, please call: 1 407 1 9237333 Daytime Telephone Number Ing amount: 1 000 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations. The Centre of Tallahassee 141 SN. Monroe Street, Suite 810	
	DEVISE HOMES LLC Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. n all correspondence concerning this matter to the following: JUAN CAMILO PEREZ, LLC		
For further information co	ncerning this matter, please ca		
PEREZ, JUAN C		of (rii -
Name of	Person	Area Code Daytime 1	elephone lyumoer
		•	
Enclosed is a check for th			
☐ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy (additional copy is and osed)
Division of C P.O. Box 632	Section orporations 7	Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe	orations . Ilahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEVISE HOMES LLC			
(Name of the Limite	d Liability Company as it now appear	ers on our records.)	
	A Fidilds Emilios Blacking Company		
on and the Commission for this Limited Li	shility Company were filed on	04/28/2021	and assigned
	ability Company were know on _		
Plorida document number	<u> </u>		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company b	ere:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
			<u> 26 </u>
			37 2
(Principal office address MUST BE A STREE	T ADDRESS)		
			70 /
		/	Sci P III
		(50 /0 11
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
			, -, -
n . To	registered office address on our	records, enter the	name of the new registere
B. If amending the registered agent and/or the new registered office addre	as here:		
agent amount in her			
	PEREZ MIANC		
Name of New Registered Agent:	12.000,10111	~ ~	50 00
No. Designated Office Address	210 N BUMBY AVE		
New Registered Office Address.	. Enter F	lorida street address	7
	ODI ANISO	1721 · 1	32803
		, Florida	٠. د
	•		
New Registered Agent's Signature, if changing	Registered Agent:	7.	9 3 5
I handy account the approintment as register.	ed agent and agree to act in thi	is capacity. I further	agree to comply with the
the state of the same of the same	ar and complete performance	ot my aunes, ana L	ат гатина жил алы
and the abligations of any position as PPO	istered avent as provided for 17	ı Unapier ovə, r.ə.	Or, y mis document is
being filed to merely reflect a change in the	registerea office adaress, i nei	reby confirm that th	e limited liability
company has been notified in writing of this	change.		
•	(Name of the Limited Liability Company wit now anotars on our records) (A Florida Limited Diability Company) ation for this Limited Liability Company were filed on		
	(MNOM	,
	If Changing Registered	Agent, Signature of New	Registered Agent
	TI CHAIRDING 144811111	/* =================================	

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>	Name	Address	Type of Action
MBR	JUAN CAMILO PEREZ LLC	210 N BUMBY AVE	□ Add
		ORLANDO, FL 32803	
			■ Change
			Remove
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record specif d is filed.	lies a delayed effective da	e, out not an ef	fective time,	at 12:01 a.m. or	the earlier of:	(b) The 90th	h day after	r the
Dated	05/13	20	21					
Jaiou								
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