

L21000257583

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : 120170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DEVCON FLORIDA, L.L.C.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **DEVCON FLORIDA, L.L.C.**

 Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PESTEREV, GRYGORII

 Name of Person

DEVCON FLORIDA, L.L.C.

 Firm/Company

900 N FEDERAL HWY. 306

 Address

HALLANDALE, FL 33009

 City/State and Zip Code

grygorii1976@gmail.com

 E-mail address: (to be used for future annual report notification)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

PESTEREV, GRYGORII

786 914-0175

at (_____) _____
 Area Code

Daytime Telephone Number

 Name of Person

Enclosed is a check for the 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 Address:

Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

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

DEVCON FLORIDA, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/03/2021 and assigned
Florida document number 1.21000257583

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

GULEVSKIY, ROMAN

New Registered Office Address:

Enter Florida street address

_____, 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

Roman Gulevskiy

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>	<u>Type of Action</u>
MGR	PESTEREV, GRYGORII	900 N FEDERAL HWY., STE 306	☐ Add
		HALLANDALE, FL 33009	☒ Remove
			☐ Change
MGR	GULEVSKIY, ROMAN	900 N FEDERAL HWY., STE 306	☒ Add
		HALLANDALE, FL 33009	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

דבר

2021 JUN 24 AM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) this date will not be listed as the effective date of the filing.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 06/24 2021

Roman Gulevskiy

Signature of a member or authorized representative of a member

GULEVSKIY, ROMAN

Typed or printed name of signee

Filing Fee: \$25.00