## N22000135731

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## **COVER LETTER**

## TO: Registration Section Division of Corporations

DEVINTEC SOBI, LLC SUBJECT: \_\_\_\_\_

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:

P. Tristan Bourgoignie, Esq.

Tristan Bourgoignie, P.A.

Firm/Company

Name of Person

5975 Sunset Drive, #603

Address

Miami, FL 33143

City/State and Zip Code

ptb@miami-droit.com

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

For further information concerning this matter, please call:

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 (auditional copy is enclosed)

<u>Mailing Address:</u> 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	
ТО	
ARTICLES OF ORGANIZATION	
OF	FILFN

DEVINTEC SOBI, LLC	v as it now appears on osercourts) ability Company) TALLAHASSEE, FL.
(Name of the Limited Liability Compan	v as it now appears on our reports.)
(A Florida Limited Li	ability Company) TALL ARY OF STATE
	ALLAHASSEE, FI
The Articles of Organization for this Limited Liability Company v	vere filed on March 18, 2022 and assigned
Florida document number L22000135731	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	<u>ity company here</u> :
DEVINTEC SOBE, LLC	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
<u>(Principal office address MUST BE A STREET ADDRESS)</u>	- <u></u>
Enter new mailing address, if applicable:	
<u>(Mailing address MAY BE A POST OFFICE BON)</u>	
B. If amending the registered agent and/or registered office a	ddress on our records. <u>enter the name of the new registered</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

lew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ging filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

City

Florida \_\_\_

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
AMBR	GALCO MAHEBA 3000, SL		[]Add		
			ERemove		
			⊡Change		
AMBR	DEVINTEC, Sagl	CORSO ELVEZIA, 14	🖬 Add		
		LUGANO, SWITZERLAND, 6900	🖾 Remove		
			□Change		
			□Add		
			🗆 Remove		
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			⊡Remove		
			🗋 Change		
			🖾 Add		
			🗆 Remove		
			⊡Change		

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

f 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 ecord is filed.

Dated	2022	
	( Atra	
	Signature of a member of authorized representative of a member	k

P. TRISTAN BOURGOIGNIE, ESQ.

Typed or printed name of signee