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JAVISION OF CORPORATION
FALL ANASSEE, FLORED

A. PARISHANI JAN 16 2024

COVER LETTER

PLUSH DE	EVS LLC.		
SUBJECT:	Name of Lim	ited Liability Company	20
			23 O
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	2023 OCT -4 AM LECHAMENT OF LAISION OF CORPO TAILLAHASSEELFI
Please return all correspo	ondence concerning this matter	to the following:	AH S
	Ramón Téllez		8: 21 STAN RATION LOOPER
Division of Corporations PLUSH DEVS LLC. Name of Limited Linbility Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ramón Téllez. Name of Person PLUSH DEVS LLC Fintt/Company 1600 NE 1ST AVE UNIT 3107 Address MIAMI FL 33132 City/State and Zip Code ramoneloytellez@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAMON TELLEZ Name of Person PLUSH DEVS LLC Fintt/Company 1600 NE 1ST AVE UNIT 3107 Address MIAMI FL 33132 City/State and Zip Code ramoneloytellez@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAMON TELLEZ Name of Person Area Code Daytime Telephone Num Enclosed is a check for the following amount: S255.00 Filing Fee			
Division of Corporations PLUSH DEVS LLC. Nume of Limited Linbility Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ramón Téllez Name of Person PLUSH DEVS LLC Finn/Company 1600 NE 1ST AVE UNIT 3107 Address MIAMI FL 33132 City/State and Zip Code ramoneloytellez@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAMON TELLEZ Name of Person Area Code Daytime Telephone No. Certificate of Status Certified Copy (additional copy is enclosed) Cert (additional copy is enclosed)			
		Finn/Company	<u> </u>
	1600 NE 1ST AVE UNIT	3107	
		Address	
	MIAMI FL 33132		
		City/State and Zip Code	
For further information c			iit)
RAMON TELLEZ			
Name o	f Person		phone Number
Enclosed is a check for the	he following amount:		
■ \$25,00 Filing Fcc		Certified Copy	■ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration Section	
Division of C P.O. Box 632	•	Division of Corpora The Centre of Tallal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL HENT OF STATE	2023 OCT -4	
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15 m	AM 8: 21	

PLUSH DEVS LLC

(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 Liabi	hity Company were filed on 05/18/2022	and assigned
Florida document number 1.22000232668		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e 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	e:	
(Principal office address MUST BE A STREET A	To be well and the	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)		
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our records, <u>enter t</u> ere:	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	Ciry —	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 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
AMBR	MARIANGELLI ALVAREZ ALF ONZO	1600 NE 1st AVE Unit 3107 Miami Fl 33132	≣Add
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		GE. FLOX	Remove
		TO THE PERSON NAMED IN COLUMN TO THE	2
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record specifies a delayed effectived is filed.	e date, but not ar	n effective ti	ime, at 12:01	a.m. on the o	earlier of: (b)	The 90th	day aft	er the
Pated September 25		2023						
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