

**L23000064387**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H240003382653ABC0

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To:

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

From:

Account Name : NORTH SOUTH LAW GROUP PLLC  
Account Number : I20240000080  
Phone : (305)697-7300  
Fax Number : (813)359-0734

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

Email Address: acastro@vevema.com

TALLAHASSEE, FLORIDA

2024 OCT -8 PM 3:24

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2024 OCT -8 PM 2:02

FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DEVINV LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DEVINV LLC

\_\_\_\_\_  
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:

Alex Castro

\_\_\_\_\_  
Name of Person

DEVINV LLC

\_\_\_\_\_  
Firm/Company

150 SE 2nd Ave Suite 300

\_\_\_\_\_  
Address

Miami, FL 33131

\_\_\_\_\_  
City/State and Zip Code

acastro@vevema.com

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

For further information concerning this matter, please call:

Alex Castro

569

765-944-24

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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**

**FILED**

**2024 OCT -8 PM 3: 24**

DEVINV LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company) **TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 02/03/2023 and assigned Florida document number L23000064387.

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:**

150 SE 2nd Ave Suite 300

**(Principal office address MUST BE A STREET ADDRESS)**

Miami, FL 33131

**Enter new mailing address, if applicable:**

150 SE 2nd Ave Suite 300

**(Mailing address MAY BE A POST OFFICE BOX)**

Miami, FL 33131

**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:

North South Law Group, PLLC

New Registered Office Address:

16703 Early Riser Ave , Suite 216

*Enter Florida street address*

Land o Lakes

Florida 34638

*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.*

*Fernando Ramos*

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>
AMBR	Gonzalo Yun	150 SE 2nd Ave Suite 300	<input type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Alex Castro	150 SE 2nd Ave Suite 300	<input type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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TALLAHASSEE, FLORIDA

**E. 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)

**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 July 23 2024

Signature of a member or authorized representative of a member

Alex Castro

Typed or printed name of signee

**Filing Fee: \$25.00**

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