L23000190148

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
	WAIT	
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of S	Status
Special Instructions to	Filing Officer:	
	Office Use Only	



2623 J. 10 L. 4: 33



S. ROBERTS

CAPITAL CONNECTION, INC.	
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	
(830) 224-8870 • 1-600-542-6062 • Filx (850) 222-1222	
Devpreet 19, LLC	
Please Debit FCA00000003 For: 25	_
Thank you Seth Neeley	
1401	Art of Inc. File
	Art of file
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
	Ficilitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
· · · · · · · · · · · · · · · · · · ·	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO: Registration Section Division of Corporations

1

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:

HERMAN SINGH

Name of Person

HERMAN SINGH AND ASSOCIATES INC

Firm/Company

600 RINEHART ROAD, SUITE 2008

Address

LAKE MARY, FL 32746

City/State and Zip Code

HSA.TAXES@GMAIL.COM

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

For further information concerning this matter, please call:

HERMAN SINGH 407 831-1399 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

DEVPREET 19, LLC

1

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

The Articles of Organization for this Limited Liability Company were filed on <u>APRIL 17, 2023</u> and assigned Florida document number <u>L23000190148</u>

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 Liabili	ty Company," the designation "LLC" or the abbreviation "I_LC."
Enter new principal offices address, if applicable:	~ , 🖾
(Principal office address MUST BE A STREET ADDRESS)	
	стр
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, <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
		_, 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.

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>	Name	Address	Type of Action
AMBR	HARPREET K KAHLON	9031 SOUTHERN BREEZE DRIVE	🖬 Add
		ORLANDO, FL 32836	🗆 Remove
			Change
			🗆 Add
			🛛 Remove
			□Change
<u>. </u>			🗆 Add
			CRemove
			□Change
		····	□Add
			DRemove
			Change
			🗆 Add
			Change
			🗆 Add
			🗆 Remove
			Change

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

· . . .

	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	

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	07/12/2023
	Dikahlan
	Signature of a member or authorized representative of a member

DEVENDRA S KAHLON

Typed or printed name of signee