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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Anc	Ireus Rapucke	
	11	E Rapacke Law C	broup, P.A
	3750	BIrch Terrace	_
	Da	VIP FL 133330 City/State and Zip Code	
	E-mail address: (1	to be used for future annual report not	(4 4) · COM
For further information c	oncerning this matter, please ca	·	·
Andrew	S. Rapucke	at (<u>954)</u> 332- Area Code Daytim	6405
Name o	f Person 7	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	
1 .O. DOA 032	•	THE COURT OF I	ununujjoo

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Devotion, LC
(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
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Douther Devotion tarms, LLC
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, <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 $S = \frac{1}{N}$
, Florida , Flor
City = \(\frac{\frac{\partial E}{2} \) \(\frac{\partial E}{2} \) \(\frac
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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			□ Change
			□Add
		·	□Remove
			□ Change
			□Add
			□ Remove
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(If an effective Note: I	ve date, if other than the date of filing:
he record ord is file	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 ed.
Dated _	September 07, 2023. Signature of a member of authorized representative of a member of a m
	Signature of a member of authorized representative of a member 7