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• •	COVER LETTER	
Registration Section <b>*</b> Division of Corporations		
DEVA Marketing Services LLC		

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

TO:

SUBJECT: \_

Tallahassee, FL 32314

Please return all correspondence concerning this matter to the following:

	Nicole Chapman		
		Name of Person	
	DEVA Marketing Service	s LLC	
		Firm/Company	
	1008 Whiporwill Dr		
		Address	
	Port Orange, FL 32127		
	<u> </u>	City/State and Zip Code	
	nicolechapmanre@yahoo.c	om	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	concerning this matter, please e	all:	
Nicole Chapman		407 690-2368	
Name e	of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEVA Marketing Services 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 Liability Company were filed on May 31, 2023 and assigned

Florida document number L23000264891

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:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	ALLAHASSE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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.

City

Zip Code

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	<b>Type of Action</b>
AMBR	Nicole Chapman	PO Box 290545	Add
		Port Orange FL 32129	
		<u> </u>	
			🗆 Add
			□Change
			🗆 Add
			🗆 Remove
			🗆 Change
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			🗆 Remove
			🗋 Change
			Add
			Add
			🗆 Remove
			Change

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

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(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) <u>Note:</u> 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.

June 28th	
	Signature of a member of authorized representative of a member
ThadChapman	

Filing Fee: \$25.00