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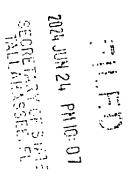
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Dev	venni, LL	<u></u>	
	Name of Limit	ted Liability Company	.
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Dennis .		
		Name of Person	
	Devenn	Firm/Company	
	3622 Villa		JUNI 21
	Sarasoto	Address Address Activ/State and Zip Code	SECRETARY OF STATE STATE OF ST
	marisanut	City/State and Zip Code Fran 60@ gr to be used for future annual report notifi	ial 1. Corry pu
For further information c	oncerning this matter, please ca	all:	
Dennis	Huffman	at (511) 214	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee 2 Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Davanni

Devenn	1, 6			
(Name of the Limit	ed Liability Compa-	ny as it now appears or	our records.)	
	(NT fortga Ethinea t	saumy company	100/00	7 2
The Articles of Organization for this Limited Li	iability Company	were filed on <u>0</u>	128/200	$\frac{20}{20}$ and assigned
Florida document number L23006 L	129965		, 1	
	amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS)			
This amendment is submitted to amend the folk	ending name, enter the new name of the limited liability company here: me must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." to principal offices address, if applicable: w mailing address, if applicable: address MAY BE A POST OFFICE BOX) ending the registered agent and/or registered office address on our records, enter the name of the new registered Nor the new registered affice address here:			
A. If amending name, enter the new name of	f the limited liabi	ili <u>ty company here</u> :		
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the desig	nation "LLC" or the a	abbreviation "L.L.C."
-				202
(Principal office address MUST BE A STREE	T ADDRESS)			
				到 早
Enter new mailing address, if applicable:				15 - 15 (mg)
(Mailing address MAY BE A POST OFFICE	<u>ΒΟΧ)</u>			THE TOTAL PROPERTY OF THE PARTY
				77 0
				(n
B. If amending the registered agent and/or i	registered office :	address on our reco	rds, <u>enter the na</u>	me of the new registered
agent and/or the new registered office addre	<u>ss here</u> :			
	Makes	in Hutt	man	
Name of New Registered Agent:	maris	5100 1100		
Now Degistered Office Address	36221	/illa tra	nca, A	<u>e. </u>
New Registered Office reducing.		Enter Florida	street address	211-29
	Saras	oth	, Florida _	34201
		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>	<u>Name</u>	Address	Type of Action
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		Jarasola + 1254259	Remove
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Effective date, if other the fan effective date is listed, the Note: If the date inserted indocument's effective date	e date must be specific an in this block does not to on the Department of	d cannot be prior to da meet the applicable State's records.	statutory time to	quirements, uni	filing.) Pursuant date will not b	
e record specifies a delayed rd is filed.	l effective date, but no	t an effective time,	at 12:01 a.m. on t	ne earlier of: (b)	The 90th day	y after the
Dated June 19		2024				
_		سير ا	ΓÌ			
	Signature of a	n member or authorize	d representative of a	ı member		

Filing Fee: \$25.00