## L23000507489

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## **COVER LETTER**

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David M. Glassberg		
		Name of Person	<del></del>
		Firm/Company	
	13611 S. Dixie Highway,	109-514	
		Address	
	Miami, FL 33176		
		City/State and Zip Code	
	glassberglaw@aol.com		<del> </del>
		to be used for future annual report noti	neation)
For further information of	concerning this matter, please concerning	all:	
David Glassberg		305 234-0093	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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:

TO:

**Registration Section** 

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

Devon 357 LLC		
(Name of the Limited Liability ( (A Florida Li	Company as it now appears on our records,) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on November 8, 2023	and assigned
Florida document number L23000507689		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	ame of the new register
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 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 Actio
MGR	David M. Glassberg	13611 S. Dixie Highway, 109-514	
		Miami, FL 33176	■ Remove
			□Change
AMBR	David M. Glassberg	13611 S. Dixie Highway, 109-514	
		Miami, FL 33176	■ Remove
			□Change
AMBR	Edward Furtak	13611 S. Dixie Highway, 109-514	■ Add
		Miami, FL 33176	□Remove
		☐ Change	
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rective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing tee:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date current's effective date on the Department of State's records.	g.) Pursuant to 605.0207
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The stilled.	he 90th day after the
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Signature of a member or authorized representative of a member  OHASSBW9	