

L23000532160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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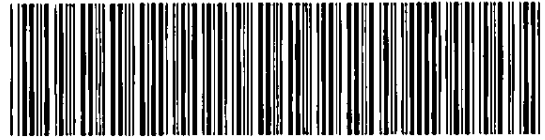
(Business Entity Name)

(Document Number)

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1/17/23
2023 DEC -8 AM 11:17
STATE
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DV Industries LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Wayne De Vaney

Name of Person

DV Industries LLC

Firm/Company

4618 Abernath Ave

Address

North Port, FL 34287

City/State and Zip Code

dvindustriesllc@yahoo.com

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

For further information concerning this matter, please call:

Adam Wayne De Vaney

941 483-0087
at ()
Area Code Daytime Telephone Number

Name of Person

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

2003 DEC -8 AM 11:17

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DV Industries 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 Nov 29, 2023 and assigned Florida document number L23000532160.

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: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Adam Wayne De Vaney

New Registered Office Address: 4618 Aberneth Ave
Enter Florida street address

North port, Florida 34287
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.


Adam Wayne De Vaney
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>	<u>Type of Action</u>
off	Adam W De Vaney	4618 Abernant Ave	<input type="checkbox"/> Add
		North port Fl. 3487	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Adam Wayne De Vaney	4618 Abernant Ave	<input checked="" type="checkbox"/> Add
		North Port, FL 34287	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CITY OF TAMPA
OFFICE OF THE CLERK
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2023 FEB 10
C. H. L.

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Note: 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.

Dated November 5 2023

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Adam Wayne De Vaney

Typed or printed name of signee

Filing Fee: \$25.00