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COVER LETTER

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Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: Develon RMV LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Joshua Simon Name of Person
Firm/Company
601 Heritage Drive #227
Tupiter, Fl 33458 City/State and Zip Code danny Simon @ FLF Holdings. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report not Heatton) For further information concerning this matter, please call:
Daniel Simon at (561) 315, 9975 Name of Person at (561) Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\text{S}}\$ \$\sum_{\text{Certificate of Status}}\$\$\$\$ \$\sum_{\text{Certified Copy}}\$\$\$ (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Devcon RMV			1=11 -
(Name of the Limited L (A F	iability Company as it n lorida Limited Liability C	ow appears on our records.) Company) 2	021
The Articles of Organization for this Limited Liabil Florida document number <u>L24 00004</u> 3	1199.	1/23/2	2024 and disigned 9 ALLAHASSEE, FI
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	limited liability con	npany here:	
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	::	any," the designation "LLC" (or the abbreviation "L.L.C."
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u>v)</u>		
B. If amending the registered agent and/or regis		on our records, enter th	ne name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
-		, Flor	rida Zin Code
	City		гу сош

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 Action
MAR	Pawlik, Brian	533 S. Division St. Ste A	□Add
		Elmhurst, IL 60126	Remove
			□Change
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an eff <u>Note:</u>	ve date, if other than the date of filing: 912224 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e recor	d 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 17. 2024.
	Signature of a member or authorized representative of a member
	Joshua Simon Typed or printed name of signee

Filing Fee: \$25.00