## L24000/4/1595

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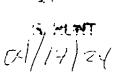
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DEVOTE VENTURES WORLDWIDE, L.L.C. 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:
DEVOUT VENTURES WORLDWIDE  Firm/Company
3801 W.WALLACE AVE, Apt 4
elevin amarche@gmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edward L. La Marche at (813) 219-9420  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S25.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEVOTE VENTURES	any as it now appears on our records.) Liability Company)
	_
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000141595</u> .	y were filed on 3/22/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
DEVOUT VENTURES The new name must be distinguishable and contain the words "Limited Liab	5 WORLDWIDE, LLC
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
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
	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 Type of Action <u>Title</u> **Name Address** □Remove □ Change □Add □Remove □ Change □Remove Change □Add Remove \_\_\_\_\_ □Change \_\_ □Add □ Change □Add □Remove □Change

		<del></del>
		<u>.</u>
f an effective <u>Note:</u> If the	late, if other than the date of filing:	nt to 605,0207 t be listed as
record sped	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of	day after the
Dated	5/13/2024 Edward Lamarche, CEO/OWN Signature of a member or authorized representative of a member	ER
_	Signature of a member or authorized representative of a member	
	Edward Levin La Marche	

Filing Fee: \$25.00

Typed or printed name of signee