

Help

To:

. Page	x 08 of 11 2024-	05-21 16:43:16 PDT	13236068205	From: Rajiv !	Srivastav
demonstration and and one of a					
		COVERLETTER			
TO: Registratio Division of	on Section "Corporations				
DEVG SUBJECT:	ROUP UNELL C Name of Lim	ited Liability Company	¥		
	s of Amendment and fee(s) are sub				
Please return all corr	espondence concerning this matter	to the following:			
	Cheyenne Moseley				
	Legalzoom.com, Inc.	Name of Person	<u>.</u>	<b>2024 HAY</b> Selvet	
	101 N Brand Blvd 11th Fl	Firm/Company		HAY 22 VETARY	۲
	Glendale, CA 91203	Address		PH 2:1	
	juliowhite1@gmail.com	City/State and Zip Code		/00 31 60	
	E-mail address: on concerning this matter, please o	(to be used for future annual report not	ification)		
Cheyenne Moseley	on concerning this matter, prease e	800 773-0888			
	me of Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check i	for the following amount:				
□ \$25.00 Filing Fe	e 🛛 \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclose)		
Re Di P.	AILING ADDRESS: gistration Section ivision of Corporations O. Box 6327 illahassee, FL 32314	STREET/COUR Registration Secti Division of Corpe Clifton Building 2661 Executive C Tallabassee, FL 3	on prations fenter Circle		

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	2024-05-21 16:43:16	PDT 1:	3236068205	From: Rejiv Sri
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DEVGROUP ONFILLC				
(Arme of (	he Llauted Linbilly Comments (A Flands Linuted I	ny as it new appears on our ability (company)	rccords.)	
The Articles of Organization for this Li Florida document number <u>L2400016379</u>		were filed on <u>04/05/2024</u>		and assigned
This amendment is submitted to amend				
A. If amending name, <u>enter the new r</u>		ility company here:		
The new name must be distinguishable and could	ain the words "Limited Liabi	lity Company," the designation	n "LLC" or the abor	eviation "L.L.C."
Enter new principal offices address, if	applicable:	9221 Persimmon Brook	Trail, Apt. 304	<u> </u>
Principal office address MUST BE A	<u>STREET ADDRESS)</u>	Thonotosassa, FL 33592	2	
				HA T
				22 L
Enter new mailing address, if applica	ble:			
Mailing address MAY BE A POST OF	FFICE BOX)			
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	<u>.</u> .			
B. If amending the registered age	tered office address her		ecords, <u>enter t</u> i	
B. If amending the registered agen registered agent and/or the new regist Name of New Registered Agen	tered office address her nl:		ecords, <u>enter t</u> i	
B. If amending the registered agen registered agent and/or the new registered agent agent and/or the new registered agent ag	tered office address her nl:			
B. If amending the registered agen registered agent and/or the new regist Name of New Registered Agen	tered office address her nl:	<u>e</u> :	t address	
B. If amending the registered agen registered agent and/or the new regist Name of New Registered Agen	tered office address her nl:	<u>e</u> :		

To:

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

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Page 1 of 3

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

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To:

Title	Name	Address	Type of Action
AMBR	JULIO WHITE		🗅 Add
			🖸 Remova
		9221 Persimmon Brook Trail, Apt. 304 Thonotosassa, FL 33592	Change
			🖸 Add
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			Add 2024
			C Remove
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			Change
			🖸 Add
			Remove
			Change



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•	Page: 11 of 11	2024-05-21 16:43:16 PDT	13236068205
D. If amer	ading any other informat	ion, enter change(s) here: <i>(Attach additi</i>	onal sheets, if necessary.)
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	HAY 22 PH 2: 09

From: Rajiv Srivastava

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If the record 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 record is filed.

Dated _	-05/+	7/24
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	••••••••••••••••••••••••••••••••••••••	Signature of a member or authorized representative of a member
	Julio White	
		Typed or printed name of signee

Page	3	of	3
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Filing Fee: \$25.00