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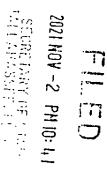
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: 620 DEVELOPEVS, L.C. DOCUMENT NUMBER: <u>L 97 00000 481</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID J. PAPP

Name of Contact Person Firm/ Company 537 SPVING LAKE DV Mel BOUNNE FL 32940

City/State and Zin Code ALAVEA 01 @ AOL. COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>32</u>) <u>243-6900</u> Area Code & Davtime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee **△**\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILED

L20 DEVELOP	evs, L.C.		7021 HOV -2 PH 10-1-1
(Name of C	orporatión as curren	tly filed with the Flori	da Dept. of State)
L97000000	481		SECRETARY OF SITAL
	(Document Number	of Corporation (if knov	vn)
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this	s Florida Profit Corpo	ration adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:		
NIA			The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp" chartered," "professional association," or	o," "Inc." or "Co"	A professional corpor	
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)		NIA	
 C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF) D. If amending the registered agent and/onew registered agent and/or the new registered. 	FICE BOX) or registered office add		the name of the
	egistered office addres	55.	
Name of New Registered Agent	NA		
_			
	triorida s	treet address)	
New Registered Office Address:	NIA	(City)	, Florida (Zip Code)
		(0,0)	risp Couci
New Registered Agent's Signature, if char I hereby accept the appointment as registere	nging Registered Ager d agent. I am familiat	it: with and accept the of	oligations of the position.
	NA	Registered Agent, if ch	
	Signature of New	Registered Agent, if ch	anging
OL 1.15 N. 11			

Check if applicable

[☐] The amendment(s) is/are being tiled pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	Doc	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	MER	MAYLYN PAPP	537 SPVING LAKE DY
Add Remove			MELBOUVNE, FL 32940
2) Change	MGR	DAVID J. PAPP	S37 SPVING LAKE DV
_X Add			MELBOUVNE, FL 32940
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
7077-1	
 	
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	
N/A	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : 10-28-21 (no more than 90 days after am	
(no more than 90 days after am	endment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of director action was not required.	rs without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of voi by the shareholders was/were sufficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	approval
by DAULD J. PAPP (voting group)	``
(voting group)	
Dated	
Signature (By a director, president or other officer – if director	
(By a director, president or other officer - if director	s or officers have not been
selected, by an incorporator – if in the hands of a recappointed fiduciary by that fiduciary)	ceiver, trustee, or other court
DAVID J PAR (Typed or printed name of person	
(Typed or printed name of persor	signing)
Rehistered Aheat (Title of person signing)	
(Title of person signing)	