N18000008593

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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

*Devon's Provid NAME OF CORPORATION:	ler Services Inc				
N18000008593 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee at	e submitted for filing				
Please return all correspondence concerning this	s matter to the followi	ng:			
Devon Chandler					
	(Name of Cont	act Person)			_
Devon's Provider Services Inc					
	(Firm/ Con	npany)			_
5306 Grant Street					
33021 Hollywood, FL 33023	(Addre	ss)			
	(City/ State and	Zip Code)		_	_
dcpservices82@gmail.com					
E-mail address: (to b	e used for future annu	al report noti	fication	1)	_
For further information concerning this matter,	please call:				
Devon Chandler		786		399-3296	
(Name of Contact I	Person)	(Area (Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount m	ade payable to the Flo	rida Departm	ent of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fo Certificate of St		y	Certifi Certifi	O Filing Fee leate of Status led Copy lional Copy is sed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Add Amendmen Division of The Centr	nt Secti f Corpo		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Devon's Provider Services Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N18000008593 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida ___ (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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 X Remove X Add	PT John D V Mike John S SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>S.T</u>	Mary V Moore	655 Longford Loop Apopka, FL 32703
xx Remove			
2) ×× Change Add	<u>VP</u>	Devon C. Chandler	5306 Grant Street Hollywood, FL 33021
Remove 3) Remove xx	<u>P</u>	Audrey Brown	5306 Grant Street Hollywood, FL 33021
4) Change	<u>S</u>	Kiwani Chandler	5306 Grant Street Hollywood, FL 33021
Remove			
5) Change Add	<u>T</u>	Diva Chandler	5306 Grant Street Hollywood, FL 33021
Remove			
6) Change Add		-	
Remove			
E. If amending or additional she		icles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption: date this document was signed.	August 17, 2022, if other than
Effective date if applicable: August 17, 20	022
(no	o more than 90 days after amendment file date)
Note: If the date inserted in this block does it document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	CHECK ONE)
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated $\frac{8/17/2022}{4/11/2022}$
Signature (By the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Audrey J. Brown (Typed or printed name of person signing)
President

(Title of person signing)

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