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FILED
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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DEVSHIL P.A.

DOCUMENT NUMBER: P14000054860

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CELESTE D LIOCE

Name of Contact Person

_____

Firm/ Company

749 US HIGHWAY ONE, SUITE 100

Address

NORTH PALM BEACH, FLORIDA 33408

City/ State and Zip Code

_____

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CELESTE D LIOCE   at (561) 844-4431 X204

Name of Contact Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☑ $35 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   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                       Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

DEVSHIL P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000054860

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N|A
_____ *The new*
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the
word "chartered," "professional association," or the abbreviation "P A."

B. Enter new principal office address, if applicable: N|A
(Principal office address MUST BE A STREET ADDRESS)

C.   Enter new mailing address, if applicable: N|A
(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   N|A

_____
(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

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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 Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☐ Add ☑ Remove	PT	CELESTE D LIOCE	759 PARKWAY STREET SUITE 103 JUPITER, FL 33477
2) ☐ Change ☑ Add ☐ Remove	PT	PAYAL CHOKSHI	759 PARKWAY STREET SUITE 103 JUPITER, FL 33477
3) ☐ Change ☐ Add ☐ Remove			
4) ☐ Change ☐ Add ☐ Remove			
5) ☐ Change ☐ Add ☐ Remove			
6) ☐ Change ☐ Add ☐ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary).   (Be specific)*

N|A

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(*if not applicable, indicate N/A*)

· N|A

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _____ . if other than the
date this document was signed.

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Adoption of Amendment(s)   **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)
by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement
must be separately provided for each voting group entitled to vote separately on the amendment(s).*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____ "

(voting group)

☑ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder
action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder
action was not required.

Dated **JUNE 26 2014**

Signature _____

(By a director, president or other officer – if directors or officers have not been
selected by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)

PAYAL CHOKSHI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)