P24000036552

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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	RPORATION: DEVEDU, CORP		
	UMBER: P24000036552		
The enclosed Arta	icles of Amendment and fee are st	ibmitted for filing.	
Please return all c	correspondence concerning this ma	atter to the following:	
	ALEXANDRA LOZANO		
		Name of Contact Person	1
		Firm/ Company	
	8305 W ATLANTIC BLVD		
	CORAL SPRINGS, FL 3307	Address 71	
		City/ State and Zip Cod	e
	MAXI8317@AOL.COM		
	E-mail address: (to be u	sed for future annual report	notification)
For further inform	nation concerning this matter, plea	ise call:	
ALEXANDRA I	.OZANO	954 at (224-2348
N	ame of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fo	ee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation

of

DEVEDU, CORP (Name of Corporation as currently filed with the Florida Dept. of P24000036552 (Document Number of Corporation (if known) SECRETARY OF STATE Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following affendment(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," "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: (Principal office address MUST BE A STREET ADDRESS) 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: (Cin) 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 Check if applicable

☐ The amendment(s) is/are being filed 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	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) X Change	Р	KARIN DURAN GAVIRIA	7050 NW 177TH ST, APT 203		
Add			HIALEAH, FL 33015		
Remove					
2) X Change	VP	ARNALDO VERGARA LLANOS	7050 NW 177TH ST, APT 203		
Add			HIALEAH, FL 33015		
Remove 3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		<u> </u>			
Add					
Remove					
δ) Change		_			
Add					
Remove					

ttach additional sh	ects, if nocessary).	(Be specific)				
						
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an amendment p	rovides for an excha	nge, reclassificat	tion, or cancella	tion of issued sha	res,	
rovisions for imp	lementing the ameno ble, indicate N/A)	dment if not con	tained in the am	endment itself:		
(9	,					
 -				- ·		
						

The date of each date this documer	amendment(s) adoption:, if other than the twas signed.
Effective date if	applicable:
	(no more than 90 days after amendment file date)
Note: If the date document's effect	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ive date on the Department of State's records.
Adoption of Amo	ndment(s) (CHECK ONE)
The amendmen action was not	ut(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder required.
	nt(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) lders was/were sufficient for approval.
	at(s) was were approved by the shareholders through voting groups. The following statement ately provided for each voting group entitled to vote separately on the amendment(s):
"The nur	ober of votes cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
	07/31/2024 Dated
	Signature Kunn Doran
	(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)
	KARIN DURAN GAVIRIA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)