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Special Instructions to Fil	ing Officer:	
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Office Use Only



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April 27, 2023

ALINA VEKSLER

7042 MONTRICO DR BOCA RATON, FL 33433 US

SUBJECT: 7984 W NEVSO DR, LLC

Ref. Number: L22000400216

We have received your document for 7984 W NEVSO DR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title you have listed for the individual managing the LLC is not acceptible.

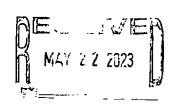
You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez Regulatory Specialist II

Letter Number: 123A00009406



COVER LETTER

TO: Registration Section Division of Corporations

7984 W No SUBJECT:	evso Dr. LLC			
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Alina Veksler			
		Name of Person		_
		Firm/Company		-
	7042 Montrico Dr			
		Address	-	_
	Boca Raton, FL 33433			ZOZ3 KAY
		City/State and Zip Code		-<
	alinaveksler@gmail.com	to be used for future annual report not		22
For further information c	concerning this matter, please c		iteadon)	PHI2: 38
Alina Veksler		8-47 3-452327 at ()		T 38
Name o	of Person	Area Code Daytin	ne Telephone Number	*
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7984 W Nevso Dr. LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	opany as it now appears on our record ed Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Compa	ny were filed on 09/13/2022	and assigned
lorida document number 1.22000400216		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
he new name must be distinguishable and contain the words "I imited I i	ability Company," the designation "LLC	"" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRESS)</u>		
		3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
nter new mailing address, if applicable:	<u>-</u>	· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BON)		
		112: ST 12:
		38 VIE
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	ce address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
•		
New Registered Office Address:	Enter Florida street addres	vs
		orida
	Cuy	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
.XIN. MGR-	Mary Gavri	1405 Unbridled Cir. Las Vegas NV 89117	= Add
			□Remove
			□Change
			□Adđ
			□Remove
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			Add Fill Remove,
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