L05000 118111

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Richard N	Name of Person	
Playe change	EVIEDA, I	Firm/Company	nher LOSO00118/11
address to a	> 1095 Mil.	Firm/Company Hary Trail Unit	2700
uddresses	Jupiter, Fl	33468 City/State and Zip Code	
	Pulse 4400 a. E-mail address: (1	to be used for future annual report notifi	ication)
For further information	concerning this matter, please ca	all:	
Richard Name	Mayren	at (<u>561</u>) 632-6 Area Code Dayrime	2794 Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

EVIEDA Nama of the Limited I	
(A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	ility Company were filed on 12/07/2005 and assigned
Florida document number LOS000//8	<u>///</u> .
This amendment is submitted to amend the followi	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and end with the work	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	
(Principal office address MUST BE A STREET A	1095 M: 1:to, Tro: 1 Unit 2700
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	1095 M:1:tur, Trail Unit 2700 Jup: tr, FL 33468
	Jup: tr, FL 33468
B. If amending the registered agent and/or	registered office address on our records, enter the name of the new
registered agent and/or the new registered office	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Jup: te/ Florida 33468
<u> </u>	Jup: 1e/
New Registered Agent's Signature, if changing Regi	istered 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			□ Add
			□ Remove
			□ Add
			Remove APR 27 ALLAHASSI

			NAME AND REMOVE
			>> ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
			□ Add
			Remove
			П. В

	e attaches	1, please cha	nge c	11 40	(rss es
- Pri	ninal Add	as, Mailing A	dd(055)	Rastora	1 Agent A.
and A	-thorized i	Person Adde	135 10		
1095	M:1: tung 7	rail unit 27	00 J.	7.4-1, F	4 33468
The effective date r	nust be specific, cannot	ate of filing: be prior to date of receipt or fida Department of State)		unnot be more than	_ (optional) 90 days after
Dated	20/15		,		
	Red	/ Man			
	Rich	ignature of a member of author	^ • ^		r
		Typed or print	ed name of sign	nee	

Page 3 of 3

Filing Fee: \$25.00

Enclosed chech

Thunk you

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS





4/20/15

Detail by Registered Agent Name

Florida Limited Liability Company

EVIEDA, LLC

Filing Information

Document Number

L05000118111

FEI/EIN Number

N/A

Date Filed

12/07/2005

State

FL

Status

ACTIVE

Principal Address

3124 SE RANCH ACRES CIRCLE JUPITER, FL 33478

Changed: 02/22/2013

Mailing Address

3124 SE RANCH ACRES CIRCLE JUPITER, FL 33478

Changed: 02/22/2013

Registered Agent Name & Address

MAYRON, RICHARD 3124 SE RANCH ACRES CIRCLE JUPITER, FL 33478

Name Changed: 03/29/2006

Address Changed: 02/22/2013

Authorized Person(s) Detail

Name & Address

Title MGRM

MAYRON, RICHARD 3124 SE RANCH ACRES CIRCLE JUPITER, FL 33478

Annual Reports

Report Year

Filed Date

Mayron, Richard
1095 Militag Trail Unit 2700
Jupiter, FL 33468

Please chan