## L08 000004819

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## COVER LETTER

TO:	Registration of						
SUBJE		ADRIA	LLC				
SUBJE	C1		Name of Limi	ted Liability Company			
The enc	losed Article	es of An	nendment and fee(s) are sub-	mitted for filing.			
Please r	return all cor	respond	ence concerning this matter	to the following:			
			Adrienn Balazs				
				Name of Person	<del></del>		
			Movadria LLC				
				Firm/Company	·		
			5374 Hemingway Lane We	est, Apt 105			
				Address			
			Naples FL 34116				
				City/State and Zip Code	-		
			movadria@gmail.com				
			E-mail address: (	to be used for future annual	report notifica	tion)	
For fur	ther informa	tion con	cerning this matter, please co	all:			
	Adnie	ean	Balazi	at (239)	601-	4859	
	N.	ame of P	erson	Area Code	Daytime Te	elephone Number	
Enclose	ed is a check	for the	following amount:				
<b>■</b> \$2	5.00 Filing F	<sup>?</sup> ee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is end		Certified	te of Status &
	Mailing A	ddress:		Street A	ddress:		

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

Movadria LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L08000004819	were filed on 1/15/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2900 14th Street N Ste 41-42	
Principal office address MUST BE A STREET ADDRESS)	Naples FL 34103	
		29
		29 10 DEC
Enter new mailing address, if applicable:		EC
Mailing address MAY BE A POST OFFICE BOX)		7
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	بي name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
<del></del>	City	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 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
MER	Adriean Balazs		□Add
		<del></del>	□Remove
			&Change
			□Add
			□Remove
			□Change
			□ Remove
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			□Change

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n effec <u>te:</u> I	e date, if other than the date of filing:
tume	t's effective date on the Department of State's records.
cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted_	ecember 9 2020
	Balars
	Signature of a member or authorized representative of a member
	Signature of a memory of salarity services