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DIVISION OF CORPORATIONS
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AUG 23

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ovante LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jon H. Brasher
Name of Person

Ovante, LLC
Firm/Company

2415 Moore's Mill Rd., Ste. 265 #202
Address

Auburn, AL 36830
City/State and Zip Code

jbrasher@ovantellc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JHGJHGJKHGKKK Jon Brasher at (334) 363-9558
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

Fl. Dir. of Corporations

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

2006 Nov 28 PM 9:33

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

Ovante, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/1/2010 and assigned
Florida document number L900000 21673

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "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 ADDRESS)

2415 Moore's Mill Rd, Ste. 265 #202
Auburn, AL 36830

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2415 Moore's Mill Rd, Ste. 265 #202
Auburn, AL 36830

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 address here:

Name of New Registered Agent:

New Registered Office Address:

1414 Piedmont Dr. East

Enter Florida street address

Tallahassee

City

Florida

32308

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>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>Christopher Campbell</u>	<u>1479 Millstream Rd.</u>	<input type="checkbox"/> Add
		<u>Tallahassee, FL 32312</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>CTO</u>	<u>Jon H. Brasher</u>	<u>3415 Moores Mill Rd</u>	<input type="checkbox"/> Add
		<u>Ste. 265 #202</u>	<input type="checkbox"/> Remove
		<u>Auburn, AL 36830</u>	<input checked="" type="checkbox"/> Change
<u>CEO</u>	<u>James Woodham</u>	<u>2910 Shamrock Str. S</u>	<input type="checkbox"/> Add
		<u>Tallahassee, FL 32309</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Stuart Christmas</u>	<u>1414 Piedmont Dr. East</u>	<input type="checkbox"/> Add
		<u>Tallahassee, FL 32308</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

260 AUG 22 AM 9:30

22 APR 9:31

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 22, 2018

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Jon H. Brasher

Typed or printed name of signee