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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(Business Entity Name)				
(Business Entry Name)				
(Document Number)				
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03/04/18--01040--009 **25.00

R. WHITE MAR 1 2 2019



COVER LETTER

TO:	Registration Section
	Division of Corporations

.

SUBJECT:	Provident Entervises 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:

Ammon Wotus				
Name of Person				
Pravident Entry ises LIC				
Firm/Company				
9000 New Orleans ct.				
Address				
Orlando, FL 32818				
City/State and Zip Code				

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

328-5 50 Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

S25.00 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 AMENDME	ENT
TO ARTICLES OF ORGANIZA OF	TION FILED
PLOUID IN TENTLIPLISES UL	2019 MAR - 4 PM 4: 13 Trs on our records.) SECRITATE
The Articles of Organization for this Limited Liability Company were filed on	
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability company l</u>	<u>nere</u> :
The new name must be distinguishable and contain the words "Limited Liability Company." the Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, <u>enter the name of the new</u>
Name of New Registered Agent:SAML	
New Registered Office Address: Enter I	Florida street address
City	, Elorida 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>	Name	Address	Type of Action
MGR	Amman Waters	9000 New Orlinus of	Add
	•••	Ollowdo, FL 32818	Remove
	,		Change
AMBR	Dixon Twamley	754 Dynpic Cir	Add
	Dixon Twanley	754 Dynic Cir Ococe, FL 3476/	Remove
	J J		Change
A			Add
			Remove
			Change
AMBR	HOMAN BLACK	622 Meadau SAGE D.	Add
1-11-	- drift Black	Dolawd, FL 32724	/ Remove
			Change
	STEVE CAMARLO		Add
		Resigning Fran Prol	Remove
			Change
			Add
			Remove
			Change

Drlf amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

has risigned ٤l 15 4 (λ) GMOUGD Ċ V 5 QMOCGO NO Member. NEW NEW MEME A. 5 MIM ber INA A Maw

E. Effective date, if other than the date of filing: ________ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> 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.

If the record 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 record is filed.

Felordorg Ó Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00