## 112000046083

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## **COVER LETTER**

Division of Co		y	
EVES DIS	TRIBUTORS, 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:	
	THOMAS R. HERRERA		
	<del> </del>	Name of Person	
	PREMIER TAX & ACCO	UNTING & CONSULTANTS INC	
		Firm/Company	
	12301 LAKE UNDERHIL	LL ROAD STE 257	
		Address	
	ORLANDO, FL 32828		
	TOM@TRHFIN.ORG	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	eation)
For further information c	concerning this matter, please ca	all:	
THOMAS R. HERRERA	4	at () 392-1488 Area Code Daytime	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	he 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

EVES DISTRIBUTORS, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{04/01/2012}{}$	and assigned
Florida document number L12000046083	<u>_</u> .	
this amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	· 54 6
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	" or the abbreviation E.L.C."
		NF
Enter new principal offices address, if applicable:		O m
<u> Principal office address MUST BE A STREET ADDI</u>	RESS)	2. <b>R</b> O
		<u> </u>
		<b>47</b>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
. If amending the registered agent and/or regisegistered agent and/or the new registered office add		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
	Fl	orida
	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 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
MGRM	SHEYLA S TIJERINO	15907 OAK SPRINGS DRIVE	
		ORLANDO, FL 32828	■ Remove
			☐ Change
			Add
			Remove
			Change
			Remove
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ective d	late, if other than th	ne date of fili	ng:		(0	ptional) after filing.) Pursuant to 605.01
<u>ie:</u> If th	e date inserted in this	block does not	meet the applic	able statutory i	or more than 90 days a iling requirements,	this date will not be listed
ument's	effective date on the	Department of	State's records			
record	specifies a delaye	ed effective	date but no	t an effectiv	re time, at 12:0	of a.m. on the earlier
	h day after the re			e dir circon	c time, at 12.0	is a minimum and a comment
	IANUARY	18	2018			
ed	JANUARY		,	<u> </u>		
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-	· · · · · · · · · · · · · · · · · · ·	Signature of a	a member or author	orized representa	live of a member	•

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Filing Fee: \$25.00