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(Requ	uestor's Name)	
(Adda	ress)	
(Adda	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doce	ument Number)	· · ·
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: <i>AJE</i>	EVA LLC Name of Limit	ted Liability Company	<u> </u>
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALEX RODRIG	Name of Person	
	_NEEVA CLC		
		Firm/Company	
	64 ISLE OF	Address Address	
	FORT LAUDER	DALE, FL 33301 City/State and Zip Code	
	ALEX . RODR (C	5 UES OGMAIL . COM o be used for future annual report notification	on)
For further information c	oncerning this matter, please ca	alt:	99 3
ALEX IZO Name o	DRIGUES f Person	at (<u>954)</u> 850 6112 Area Code & Daytime Tel	ephone Number
Enclosed is a check for th	ne following amount:		ephone Number
🌂 \$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

NEEVA UC (Name of the Limited Li (A F	iability Compan Iorida Limited Li	y as it now ability Con	appears on o	our records.)			
The Articles of Organization for this Limited Liab		were filed	on <u>04/1</u>	2/12	a	nd assi	gned
This amendment is submitted to amend the follow A. If amending name, enter the new name of the		lity compa	iny here:				
The new name must be distinguishable and end with t "L.L.C."	the words "Limit	ed Liability	Company," tl	he designation	"LLC" (or the al	bbreviation
Enter new principal offices address, if applicab	le:	64	ISLE O	F VENIC	E DE	2 ##	-24
(Principal office address MUST BE A STREET	ADDRESS)	FORT	CAUDERD	ALE, FL	333	01	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>			F VENIC DACE, F			
B. If amending the registered agent and/or registered agent and/or the new registered office			ss on our re	ecords, <u>ente</u>	the the	me of	the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·			- 19		11 2046-1-
New Registered Office Address:	64 15	E OF	VENICE Enter Fl	DR ± orida street a	f24 ddress	H	
	FORT LAUS	ERDAL	€	, Florida _	~333	<u> </u>	
		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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title **Address** Type of Action **Name** 64 ISLE OF VENICE DR #24 X Add ALEX RODRIGGES MERM FORT LAUDERDALE, FL 33301 64 ISLE OF VENICE DR 424 Add MGRM GUI RODRIGUES FORT LAWDER DALE, FL 33301 Remove Add y Remove Add Remove Remove

). If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
ated_	CTOBER 28 , 2013 .
	Signature of a member or authorized representative of a member
	·
	ALEX RODRIGUES Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

THE OCT 30 PH IN: 46