

L12000121282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

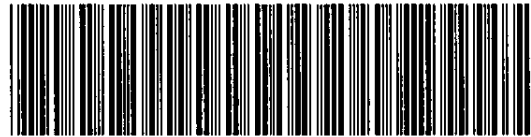
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500240002135

09/28/12--01003--001 **30.00

FALL HAVEN, FLORIDA

12 SEP 28 PM 4:21

B. BOSTICK
OCT - 1 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

EVRI PROPERTIES LLC

SUBJECT: _____
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:

EDUARDO ARBOLEDA

Name of Person

EDVIRO LLC

Firm/Company

4000 PONCE DE LEON BLVD STE 470

Address

CORAL GABLES FL 33146

City/State and Zip Code

EARBOLEDA@THEEVRGROUP.COM

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

For further information concerning this matter, please call:

EDUARDO ARBOLEDA

Name of Person

at (**305**)

7770403

Area Code & Daytime Telephone Number

TALLAHASSEE, FLORIDA

12 SEP 28 PM 4:21

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

EA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
EVRI PROPERTIES LLC**

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

09/21/12

The Articles of Organization for this Limited Liability Company were filed on L12000121282 and assigned
Florida document number _____.

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 end with 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)

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 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: _____

Enter Florida street address

_____, **Florida** _____
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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

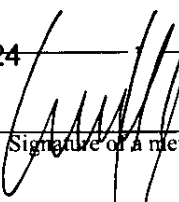
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	EDUARDO ARBOLEDA	4000 PONCE DE LEON BLVD STE 470 CORAL GABLES FL 33146	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	EDUARDO ARBOLEDA	4000 PONCE DE LEON BLVD STE 470 CORAL GABLES FL 33146	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated SEPTEMBER 24 2012


Signature of a member or authorized representative of a member

EDUARDO ARBOLEDA

ELLAMASSSET, FLORIDA

12 SEP 25 PM 4:21