

L13000147560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

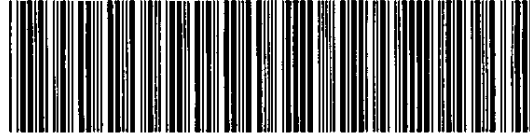
(Business Entity Name)

(Document Number)

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CALIFORNIA SECRETARY OF STATE

15 JUN 18 PM 12:56

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J. HARRIS
JUN 19 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GEVIEN NEW YORK , 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:

Adam Elisha

Name of Person

Firm/Company

9850 SANDAL FOOT BLVD , STE 471,

Address

Boca Raton, FL 33428

City/State and Zip Code

admin@edatamail.com

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

For further information concerning this matter, please call:

Adam Elisha

561 2123370
at ()

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)

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**

GEVIEN NEW YORK , 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 10/21/2013 and assigned Florida document number L13000147560.

This amendment is submitted to amend the following:

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

GEVIEN NEW YORK , LLC.

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)

9850 SANDAL FOOT BLVD

STE 471

BOCA RATON, FL 33428

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9850 SANDAL FOOT BLVD

STE 471

BOCA RATON, FL 33428

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STATE
SECRET LONDON

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: Adam Elisha

New Registered Office Address: 9850 SANDAL FOOT BLVD STE 471

Enter Florida street address

BOCA RATON, Florida 33428

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.

Adam Elisha

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>
MGR	Adam Elisha	9850 SANDAL FOOT BLVD.	<input checked="" type="checkbox"/> Add
		STE 471	<input type="checkbox"/> Remove
		BOCA RATON, FL 33428	<input type="checkbox"/> Change
MGRM	GEORGETTE ELISHA,	9858 GLADES RD SUITE 192	<input type="checkbox"/> Add
		SUITE 192	<input checked="" type="checkbox"/> Remove
		BOCA RATON, FL 33434	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE FLORIDA

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

Multiple horizontal lines for amending information.

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)

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.

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.

Dated JUNE 1st 2015

Adam Elisha (Handwritten signature)

Signature of a member or authorized representative of a member

Adam Elisha

Typed or printed name of signee

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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