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SECRETARY OF STATE OF STATE OF CORPORATIONS

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COVER LETTER

Division of Co	rporations		
SUBJECT:	EVALEX LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Nicolas Novacek		
		Name of Person	
	EVALEX LLC		
		Firm/Company	
	3296 NW 41 ST.		
		Address	
	Miami. FL 33142		
	_	City/State and Zip Code	
	evalexoffice@gmail.c	om to be used for future annual report notif	Guatura
For further information of	concerning this matter, please c		incanon)
Nicolas Novacek		305 7985789	
Name o	of Person	at ()	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fec	☐ \$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)
	JNG ADDRESS: ration Section	STREET/COURI Registration Sectio	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVALEX LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000024531	were filed on02/12/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	***	
Principal office address MUST BE A STREET ADDRESS)		DIVISION O
Enter new mailing address, if applicable:		9 C
Mailing address MAY BE A POST OFFICE BOX)		A ROS
		7
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her	-	nter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street address	
	, Florid	a
	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

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	Name	<u>Address</u>	Type of Action		
AMBR	Maria Teresa Fuentes	9638 Little River Blvd. Miami. Fl, 33/47	■ Add		
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in effective date is listed, the date n	ust be specific and cannot be prior to date of filing or block does not meet the applicable statutory fil Department of State's records.	(optional) r more than 90 days after filing.) Pursuant to 605.03 ling requirements, this date will not be listed
record specifies a delay The 90th day after the re	ed effective date, but not an effective cord is filed.	e time, at 12:01 a.m. on the earlier
August 2	2018	
	Signature of a member or authorized representat	ive of a member

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Filing Fee: \$25.00