

L500097759

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 27 2015

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PROVENCE EGO PROPERTIES, 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:

DAVID W. SOUTHWELL

Name of Person

TRUST ADVISORS CORPORATION

Firm/Company

5781-B NW 151 STREET

Address

MIAMI LAKES, FL 33014

City/State and Zip Code

DAVID@TRUSTADVISORSCORP.COM

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

For further information concerning this matter, please call:

DAVID W. SOUTHWELL

305 822-8161  
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

FILED  
15 JUL 26 PM 4:01  
TALLAHASSEE, FL  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

## PROVENCE EGO PROPERTIES, LLC

The Articles of Organization for this Limited Liability Company were filed on 06/03/2015 and assigned Florida document number L15000097759.

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

**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 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>              | <u>Address</u>        | <u>Type of Action</u>                      |
|--------------|--------------------------|-----------------------|--------------------------------------------|
| MGR          | PICOLI, ELIANA           | 5781-B NW 151 STREET  | <input type="checkbox"/> Add               |
|              |                          | MIAMI LAKES, FL 33014 | <input checked="" type="checkbox"/> Remove |
|              |                          |                       | <input type="checkbox"/> Change            |
| MGR          | PICOLI RODRIGUES, ELIANA | 5781-B NW 151 STREET  | <input checked="" type="checkbox"/> Add    |
|              |                          | MIAMI LAKES, FL 33014 | <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            |
|              |                          |                       | <input type="checkbox"/> Add               |
|              |                          |                       | <input type="checkbox"/> Remove            |
|              |                          |                       | <input type="checkbox"/> Change            |

15 JUL 2007  
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15 JUL 24 1965

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JUL 24 PM 4:07  
15

**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.

Dated

JULY 22ND

2015

Signature of a member or authorized representative of a member

DAVID W. SOUTHWELL

Typed or printed name of signee