# LIMMON1415

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ASSOCIATION

HAROL 2016

## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT:	2695 J Name of Limit	ENVEST MENT ted Liability Company	LLC.
The enclosed Articles of Amer	ndment and fee(s) are subn	nitted for filing.	
Please return all correspondence	ce concerning this matter to	o the following:	
_	<u>6</u> F	Name of Person	· · · · · · · · · · · · · · · · · · ·
_	9	Firm/Company	
	3890 N.u	J. 132 ST # H Address	
	OPA L	OCKA FL 33059 City/State and Zip Code	4
	Friend address. (a	tise e bell south. v	ni,
For further information concer	ning this matter, please cal	и:	
SABY P Name of Perso	<u>U_TOL</u>	at (786) 2989 > Area Code Daytime Tele	phone Number ASS
Enclosed is a check for the following	lowing amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

	ENVESTMENT LLC
(Name of the Limited Liability Compa (A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company visiting document number 1600011415.	were filed on 01 115 1296 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	<u>lity company here</u> :
SANE	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	STEVE J. MOS COVITCH
(Principal office address MUST BE A STREET ADDRESS)	10731 N.W. 45+. PLANTATION #L 33324
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3890 N.W 132 ST-BAYK H OPALO CHA FL 33054.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	\(\text{\tint{\text{\tint{\text{\tin}\text{\tex{\tex
Name of New Registered Agent:	E J. MOSCOVITCH
New Registered Office Address: 10731	N.W. 48t FEE T
PLAN	けってい
New Registered Agent's Signature, if changing Registered Agent:	City Plorids 2000 Code To
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

f Changing Registered Agent, Signature of New Registered Agent

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 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>	Name	Address	Type of Action
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