L16 000037952

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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		ENVIOS LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	-	
		NELSON MARTINEZ		
			Name of Person	
		NELUMA ENVIOS LLC		
Firm Company				
		8203 NW 70TH ST		
			Address	
		MIAMI, FL 33166		
			City/State and Zip Code	
			FO@JCBSOLUTIONSING.NET	
		E-mail address: (to be used for future annual report notifi-	cation)
For further in	nformation c	oncerning this matter, please co	all;	
NELSON M	IARTINEZ		866 296-1833 at ()	
	Name o	f Person		Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25,00 F	iling Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	* * . **	NATA NANANA		21

MAILING ADDRESS:

TO:

Registration Section

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

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

NELUMA ENVIOSILLO

The Articles of Organization for this Limited Liability Company were filed on 62/23/2016 and 8 signed. Florida document number 1.16000037952

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

	Cuv.	Florida
New Registered Office Address.	Enter Florida street ade	dress
New Registered Office Address:		
Name of New Registered Agent:		

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>	Address	Type of Action
AMGR	VICTOR VALIERA MORR	8203 NW 70TH ST	■ Add
		MIAMI. FLORIDA 33166	
			Change
			Add
			Remove
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f an effective date is li <u>Note:</u> If the date in	ther than the date of fi sted, the date must be specific serted in this block does not adde on the Department	c and cannot be prior to not meet the applica			
	es a delayed effectiv after the record is file		an effective time	e, at 12:01 a.m. o	n the earlier of
JULY 10 Dated		. 2020			
	Signature o	at the second of	rized representative of a	member	
	S.g.iaia.c.	or a member or autho	ined representative or a	memoer	

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Filing Fee: \$25.00