L16000 108564

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MAY 23 2018

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: HOGAVITE Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Mildred Munjanganja
	JoGAVITE Firm/Company
	2601 S- Pavillion Center Dr. Address Suite 1106
	Las Vegas NV 89135 City/State and Zip Code
	Muniangan a milored amail Com E-mal didress to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
<u>i</u> '	Mildred Munjanganitat (954) 478-2846 Name of Person Name of Person Name of Person Name of Person
	sed is a check for the following amount: 5.00 Filing Fee \$\begin{array}{c} \$

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

JOGAVITE LLC	
(Name of the Limited Liability Company as it now apper (A Florida Limited Liability Company)	r <u>rs on our records.</u>)
The Articles of Organization for this Limited Liability Company were filed on <u>-</u> Florida document number <u>L16000108564</u>	June 6, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	nere:
he 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)	7 Pu
	<u></u>
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
<u> </u>	
3. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	on our records, enter the name of the no
egistered agent and/or the new registered office address nere.	<
Name of New Registered Agent:	
New Registered Office Address:	orida street address
1.41.71	
City	, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

A /

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 = M $AMBR = A$	lanager Authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Naidco Lee	Andrea		Add Add
	/		Ft. Landerdale, F	(333/ 5) Remove
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 tee. If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optiona) days after filir ments, this da	ig.) Pursi	uam to 605.020 iot be listed a
	17.01		ha carliar
record specifies a delayed effective date, but not an effective time, at he 90th day after the record is filed.	12:01 a.m	i. on u	ne earner i
may 18 2018			

Page 3 of 3

Filing Fee: \$25.00