Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000189048 3)))



Note: DO NOT hit the REFRESII/RELOAD button on your browser from this page. Which was a supplied to the page. Doing so will generate another cover sheet.

To:

6/17/2019

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : A.A.ALI, CPA Account Number : I20000000192 Phone : (407)298-3900 Fax Number : (407)298-0660

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRACE VAR CONSTRUCTION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Hel SCOTT JUN 18 2019 2019-06-17 11:34 -05:00

(((H19000189048 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	E VAR CONSTRUCTION, LLC		
(Name of the Limited (A	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liabi Florida document number	lity Company were filed on	08/18/2016	and assigned
This amendment is submitted to amend the following		Sic.	置工
A. If amending name, enter the new name of th		\$97.83	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designa	•	· レイ
Enter new principal offices address, if applicabl	e:	-r r- 	
(Principal office address MUST BE A STREET A	ADDRESS)		2 vi_
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<del></del>		7. C-2
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our e address here:	records, enter	the name of the new
Name of New Registered Agent:		<del></del>	***
New Registered Office Address:	Enter Florida sti	wet address	
		, Florida	Zip Code
	City		Lip 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

Page 1 of 3

(((H19000189048 3)))

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	(((H19000189048 3)))
AMBR = Authorized Member	

Title	<u>Name</u>	Address	Type of Action
AMBR	DABIE, AMRIT	318 N. WEKIWA SPRING RD APOPKA, FL. 32703	D Add
			Remove
AMBR	DABIE, RAVINDRA	318 N. WEKIWA SPRING RD APOPKA, FL. 32703	Change  Add
			Remover
			O.Change
			☐ Remove
			□ Change
			D Add
			Remove
			Change
			□ Add
			□ Remove □ Change
			t=1 4 4 4
			☐ Remove
			☐ Change

									<u>-</u>	
,										
									_	
				. <u>-</u>						
<del></del>					·				<del></del>	
						_		نہ		
				•			- F	<u> </u>		
_ <del>_</del>				<del></del>			<del></del>		ger man	
						<del>-</del>	- <del>(1)</del>	199		
					··			<u>ح</u> تَنْنَ		
							109 114	- 	-	
-			<del></del>				<u>C.</u> 1r	ير	<del></del>	
					<del></del>			-5		
									-	
								-	င် ည	
									** *	
			<u>-</u> .							
(If an effective Note: If the	date, if other than the ve date is listed, the date in he date in this less effective date on the	usi be specific i block does no	t meet the appl	icable statuto	ing of more usin	(opti 190 days after rements, thi	filing.) P	ursuant to ili not be	605.0207 listed as	(3) th
(b) The 90	d specifies a delayenth day after the re	cord is file	d.						ndier of	:
	JUNE 17,		2019							
Dated	10									
Dated		<i>F</i> /	11. 6	Aund						
Dated	Vista.	Signature of	a member or an	horized represe	entative of a me	mber			-	

4/6

Page 3 of 3