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(Re	equestor's Name)	1
(Ac	ddress)	
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(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
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COVER LETTER

	istration Section sion of Corpor				
SUBJECT:	ENVIRX LLC				
SODJECT.		Name of Limi	ited Liability Company	···	-
The enclosed	Articles of Am	nendment and fee(s) are sub-	mitted for filing.		
Please return	all corresponde	ence concerning this matter t	to the following:		
		Jon P Berntsen			
			Name of Person		—
		ENVIRX LLC			
			Firm/Company		_
		2310 Longmore Circle			
			Address		
		Valrico, Florida 33596			
			City/State and Zip Code		_
	_	ipberntsen@gmail.com			_
		E-mail address: (t	o be used for future annual re	port notification)	
For further in	formation conc	erning this matter, please ca	all:		
Jon P Berntse	en		813 546- at ()	0881	
	Name of Pe	rson	Area Code	Daytime Telephone Numb	er
Enclosed is a	check for the f	ollowing amount:			
□ \$25.00 Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific Sed) Certific	Filing Fee, cate of Status & ed Copy nal 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

ENVIRX LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record: Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on January 30, 2017	and assigned
Florida document number L17000023388		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		- A 6
Principal office address MUST BE A STREET ADDRESS)		76
		超易工
		SSE S
Inter new mailing address, if applicable:		77 2
Mailing address MAY BE A POST OFFICE BOX)		D. D. D.
		0 P P P
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	5
····		orida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Kiron Senapati	9510 Norchester Circle	Add
		Tampa, Florida 33647	Remove
			Change
			Remove
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		March 15, 20	18		-
Effective date, if other than If an effective date is listed, the date	the date of filing			(opti	onal)
Note: If the date inserted in the	is block does not r	meet the applicab	le statutory filing r	equirements, thi	s date will not be listed as
document's effective date on the	ie Department of S	State's records.			
ne record specifies a dela			an effective tim	ne, at 12:01	a.m. on the earlier of
The 90th day after the	record is filed.				
Manah 12		2019			
Dated March 13		, 2018	•		
	7				
	- J				

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Typed or printed name of signee

Filing Fee: \$25.00