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## **COVER LETTER**

TO: Registration Section Section of Corporation of Corporation of Corporation (Corporation)			
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
	MAK	Name of Person	· .
		Name of Person	
	EVADNE	Firm/Company	
		Firm/Company	
	5540 Cala	ENDOS CLA. SONTH	1 unit B
	REIDMA E-mail address: (1	City/State and Zip Code  KIE 35 & GMA (Cook)  obe used for future annual report notification.	- Com
For further information con	cerning this matter, please ca		
MARIE Name of P	AEID erson	at ( <u>757</u> ) <u>423</u> Area Code Daytime	O682 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, 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**

EVADNEYS	LCC
(Name of the Limited Liability Compan (A Florida Limited Li	
The Articles of Organization for this Limited Liability Company value of Document number 1 1000 2010. 79	were filed on 10/06/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability and Contain the words "Limited Liability and Contain the words "Limited Liability and Contain the words".	
Enter new principal offices address, if applicable:	APR AHA
(Principal office address MUST BE A STREET ADDRESS)	
	- month
	e: STA
Enter new mailing address, if applicable:	38 OF
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
registered agent and/or the new registered office address here	•
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	, Florida 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, 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>Address</u> **Type of Action Name** GARACIS RESTS UNIT B. MAKGATE PL. 33063 L Remove ☐ Change \_□ Add ☐ Remove ☐ Change \_ Add □ Remove ☐ Change □ Add □ Remove \_□ Change □ Add □ Remove ☐ Change \_ Add □ Remove □ Change

f amending any other information, enter change(s) here: (Attach additional sheets,	y necessary.y	
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da  Note: If the date inserted in this block does not meet the applicable statutory filing requirement occument's effective date on the Department of State's records.	(optional) ys after filing.) Pursuant to 605.0 hts, this date will not be listed	207 as
e record specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed.	2:01 a.m. on the earlier	r of
The 90th day after the record is filed.  Signature of a member or authorized representative of a member.		
Signature of a member or authorized representative of a member		
TARIE REID		

Page 3 of 3

Filing Fee: \$25.00