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SECRETARY OF STATE STALLAHASSEE, FLORIDA

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COVER LETTER *

TO: Registration Sect Division of Corpo		
SUBJECT:	EVA OLIVE OU LLC	
	EVA OLIVE OIL LLC Name of Limited Liability Company	
The enclosed Articles of A	mendment and fec(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Johnny A. Pérez Name of Person	
	Sohnny A. Perez Name of Person EVA OLIVE OIL LIC Firm/Company	
	3036 FoxHill Circle #204 Address	
	Apopka Florida 32703 City/State and Zip Code	
	Evactive oil. U.C. e. g. mail. Com E-mail address: (to be used for future annual report notification)	
For further information con	ncerning this matter, please call:	
Johnny Q. Pesez / E Name of F	EVA M. MULINA MANSAN at (646) 763-7911/818-747-9209 Person Area Code Daytime Telephone Number	7
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Service (additional copy is enclosed)	atus &

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

(Name of the Limited Liability Compa (A Florida Limited I					
The Articles of Organization for this Limited Liability Company	were filed on <u>February 23, 2</u>	2018 and assigned			
Florida document number <u>LZ 40000 48847</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	r the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		A TAN			
(Principal office address MUST BE A STREET ADDRESS)		AP CRE			
		R AND			
		SEEL SEEL			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		TATE OR OR			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new			
Name of New Registered Agent:	<u></u>				
New Registered Office Address:					
	Enter Florida street address				
	, Florid	da Zip Code			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

-

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事

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MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EVA PEREZ	3036 FoxHill Circle #204 Apopha, FL 32703	
			<u></u> ⊠ Remove
			Change
AMBR	EVA M. MOLINA MUNZON	3036 FOXHIN CIFCLE #204 Apopka, FL 32703	Z Add
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Effective date, if oth If an effective date is listen Note: If the date insendocument's effective of the Note in the Incompanies of the Incompanie	d, the date must rted in this blo	t be specific at ock does not	nd cannot b meet the	e prior to d applicable	ate of filing o	or more than	90 days aft	tional) er filing.) Pur nis date will	suant to 605,0 not be listed	0207 d as
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Filing Fee: \$25.00