

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

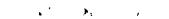
Office Use Only



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May 3, 2018

EDWARD WOJOGBE 1581 W 49TH ST #239 HIALEAH, FL 33012 US

SUBJECT: EWOVATIONS, LLC Ref. Number: L18000057558

We have received your document for EWOVATIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 618A00009186

Judy A Leggett Regulatory Specialist II Registration Section

www.sunbiz.org

ARTICLES OF ORGANIZATION OF

(Name of the Limit	t ed Liability Compa (A Florida Limited I	ny as it now appears on our recor liability Company)	rds.)
the Articles of Organization for this Limited L lorida document number	iability Company	were filed on March 5th, 2018	and assigned
his amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
N/A			
he new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	1581 W 49th St	
Principal office address MUST_BE A STREE		#239	Za TAL
Trucpu office university of 1917 A STATE	T (IDDICEOU)	Hialeah, Fl. 33012	A.A.
Enter new mailing address, if applicable:		1581 W 49th St	AY 22 AASSEE
Mailing address MAY BE A POST OFFICE	BOX)	#239	
muning unitess MAT DE ATOST OF THEE	<u> 110 m</u>	Hialeah, FL 33012	200 TO CO
 If amending the registered agent and registered agent and/or the new registered or 			ds, <u>enter the name of the</u>
Name of New Registered Agent:			
New Registered Office Address:	N/A		
	N/A	Enter Florida street addr	ess Florida N/A
		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

COVER LETTER

TO:	Registration Sec Division of Cor			
CHD II	EWOVATIO	ONS		
SUBJI	cci:	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Edward Wojogbe		
			Name of Person	
		EWOVATIONS		**
			Firm/Company	vt
		1581 W 49th St # 239		
			Address	
		Hialeah/ FL 33012		
			City/State and Zip Code	
		team@ewovations.com		
		E-mail address; (to be used for future annual report notifi	ication)
For fur	rther information co	oncerning this matter, please ca	all:	
Edwai	rd Wojogbe		786 361 6775 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$ 2	5.00 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

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Edward Wojogbe		
		132 W 7th St Hialeah, FL, 33010	_ ■ Remove
			☐ Change
		<u></u>	Remove
			Change
AMBR	Edward Wojogbe	1581 W 49th St.	A dd
		#239	Remove
		Hialeah, FL 33012	Change
			Add
			Remove
			Change
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Note: If the date inserted in this locument's effective date on the	nust be specific and cannot be prior to date of filing or block does not meet the applicable statutory fili Department of State's records. ed effective date, but not an effective	ing requirements, this date will not be listed as t
May, 14th Dated	2018	
	Signature of a member of authorized representative	ve of a member
Edward Wojogbe		
	Typed or printed name of signee	

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Filing Fee: \$25.00