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COVER LETTER

	gistration Sect vision of Corpo			
ALID ISSA		TERPRISE, LLC		
SUBJECT:		Name of Limit	ed Liability Company	
The enclose	d Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return	n all correspond	lence concerning this matter to	the following:	
		Dimitri L. Charalambous		
			Name of Person	# #
		EVANA ENTERPRISE, LI	LC	
			Firm/Company	
		901 Brickell Key Blvd. Sui	ite 1105	
			Address	
		Miami, Fl 33131		
			City/State and Zip Code	
		evanalimited@gmail.com		
		E-mail address: (to	be used for future annual repor	t notification)
For further i	nformation con	cerning this matter, please cal	1:	
Dimitri L. C	Charalambous		917 657-16	73
	Name of F	Person	Area Code Da	sytime 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

EVANA ENTERPRISE, LLC				
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appo ed Liability Company	ars on our records.)	· · ·	
The Articles of Organization for this Limited Liability Compa	nny were filed on _	03/29/2018	and assig	med
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company	here:		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the	designation "LLC" or t	he abbreviation "L.L.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		-	151/16 138
			UN 28	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			= = = = = = = = = = = = = = = = = = = =	
				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by Name of New Registered Agent:		on our records, <u>en</u>	ter the name o	f the nev
Name Descriptored Office Addresses				
New Registered Office Address:	Enter F	lorida street address		
		, Florida	1	
*· <u>-</u> -	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>	Address	Type of Action
MGR	Dimitri L. Charalambous	901 Brickell Key Blvd	≅ Add
		Suite 1105	□ Remove
		Miami, FI 33131	☐ Change
MGR	Carolina Acosta	901 Brickell Key Blvd	
		Suite 1105	B Remove
		Miami, FI 33131	☐ Change
			Add
			□ Remove
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te: If the	date inserted in this block offective date on the Depar	does not meet the applica	ble statutory filing req	uirements, this date will	not be listed a
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	specifies a delayed eff day after the record		an effective time,	at 12:01 a.m. on t	the earlier o
ed	June 26	2018			
	helm falrer				
	Melan habrer)			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00