

LI8000127451

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019 JAN 25 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FL

D. WHITE  
REC'D

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Envirans LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Arteaga  
Name of Person

Envirans LLC  
Firm/Company

6671 W. Indiantown Rd, Ste 50-343  
Address

Jupiter, FL 33458  
City/State and Zip Code

Jennifer@Envirans.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Arteaga at ( 561 ) 408-8030  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Envirans LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**

2019 JAN 25 AM 9:56

SECRET  
TALLAHASSEE, FL  
STATE

The Articles of Organization for this Limited Liability Company were filed on May 21, 2018 and assigned  
Florida document number L18000127451.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

\_\_\_\_\_

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

Jennifer Artega  
6671 W. Indiantown Rd. Ste 50-343  
Jupiter FL 33458

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

Envirans LLC  
6671 W. Indiantown Rd., Ste 50-343  
Jupiter FL 33458

**B. If amending the registered agent and/or registered office 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

\_\_\_\_\_  
City Florida

\_\_\_\_\_  
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>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jennifer Arteaga	6671 W. Indiantown Rd	<input type="checkbox"/> Add
		Ste 50-343	<input type="checkbox"/> Remove
		Jupiter FL 33458	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60510207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 12/21/2018 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee