

18000175798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

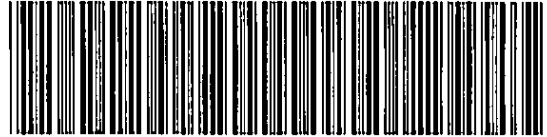
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

18000175798

Office Use Only



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08/27/18--01031--010 **25.00

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208 OCT 25 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FL

UCS
10/26/18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2018

EVENS DESIR
6900 SLIVER STAR RD STE 206B
ORLANDO, FL 32818 US

SUBJECT: EVENS DESIR INVESTIGATIONS SERVICES LLC
Ref. Number: L18000175798

We have received your document for EVENS DESIR INVESTIGATIONS SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE SELECT THE TYPE OF ACTION FOR EVENS & DONALD (ADD, REMOVE, OR CHANGE)

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.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 318A00020845

2018 OCT 25 PM 3:19

Why didnt you guys Report it to me
The First time because I sent it like that
From the start and you guys never mention th
you sent it to me 3 different times (With the same
With different issues that was there from the beginning

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Evens Desir investigations services 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:

Evens Desir
Name of Person

LLC
Firm/Company

6900 Silver-star Rd suite 206 B
Address

Orlando - FL 32818
City/State and Zip Code

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

For further information concerning this matter, please call:

Evens Desir at (786) 444-0977
Name of Person Area Code Daytime 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**

Evans Desir Investigations Services LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08-23-2018 and assigned Florida document number L18000175798

This amendment is submitted to amend the following:

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

Secret Eye Investigations and Security Services LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6900 Silverstar Rd
Suite 206 B
Orlando - FL 32818

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2078 Torrey Dr
Orlando FL 32818

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:

Evans Desir

New Registered Office Address:

6900 Silverstar Rd suite 206 B
Enter Florida street address
Orlando, Florida FL 32818
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

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CLERK OF DISTRICT COURT
JAN 25 PM 3:21
ORLANDO, FLORIDA

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>
Owner	EVENS Desir	2078 Torrey Dr Orlando FL 32818	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Donald Zephier	2078 Torrey Dr Orlando FL 32818	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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a)

(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 605.0207 (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 10-01-18, _____

[Signature]

EVENS Des.

Filing Fee: \$25.00