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(Re	questor's Name)	···
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

Division of Co		•	
@ 1 1 to 2	ngeline LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Maria Diaz		
		Name of Person	
	1117 Evangeline LLC		
		Firm/Company	
	1117 Evangeline Ave		
	-	Address	
	Orlando FL 32809		
		City/State and Zip Code	
	mariadiaze47@gmail.cor	n to be used for future annual report notif	ication)
For further information	concerning this matter, please c	•	entern)
Maria Diaz	concerning this matter, prease o	407 460-7789	
			Telephone Number
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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)
MAII	ANG ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our records.) liability Company)		
were filed on <u>08/01/2018</u>	and assigned	
lity company here:		
ity Company," the designation "LLC" of	r the abbreviation "L.L.C."	
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fice address on our records, g	enter the name of the r	
Enter Florida street address		
Florida		
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·	lity company here: ity Company, "the designation "LLC" of the designation "LLC" of the designation and the designation are cords, the designation are cords are cords.	

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>	Address	Type of Action
MGR	Maria Diaz	1117 Evangeline Ave Orlando, F	Add
			☐ Remove
			Change
			□ Add
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ffective date, if other than the an effective date is listed, the date in ote: If the date inserted in this ocument's effective date on the	ust be specific and cannot be prior to date block does not meet the applicable sta	of filing or more than 90 days af	tional) ter filing.) Pursuant to (his date will not be l	605.02 listed
e record specifies a delay The 90th day after the re	ed effective date, but not an ϵ cord is filed.	ffective time, at 12:01	a.m. on the ea	rlier
August 7th	2017			
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Page 3 of 3

Filing Fee: \$25.00