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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
FALLAHASSEE, FL

2020 MAY 20 PM 2:26

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05/20/20--01011--001 **30.00

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6/11/20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Evali International, 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:

E. Desrosiers

Name of Person

Evali International, LLC

Firm/Company

3956 Town Center Blvd, Suite 489

Address

Orlando, FL 32827

City/State and Zip Code

edesrose.41@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

E. Desrosiers

Name of Person

407 535-5953
at (_____) _____
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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(Name of the Limited Liability Company as it now appears on our records.) PART OF SA
(A Florida Limited Liability Company) TALLAHASSEE, FL

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>
MGR	E. DESROSIERS	3956 Town Center Blvd, Suite 489 Orlando, FL 32827	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please update the President's name on existing records from E.D. Desrosiers to E. Desrosiers and update

existing mailing / principal address.


E. Effective date, if other than the date of filing: 5-18-2020 **(optional)**

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 18, 2020



Signature of a member or authorized representative of a member

E. Desrosiers

Typed or printed name of signee