

Cover Letter

Phone : 904-405-9099

Address: 7250 Deerfoot Pt Circle Unit 3
JACKSONVILLE, FL 32256

Attention can be to : Michelle Barbosa

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EUI 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:

Iure Caires Barbosa

Name of Person

EUI Services LLC.

Firm/Company

7250 Deerfoot Point Circle Unit 3

Address

Jacksonville, FL 32256

City/State and Zip Code

EUIServicesLLC@Gmail.com

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

For further information concerning this matter, please call:

Michelle Barbosa

904 405 - 9099

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Evi 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 01/09/2019 and assigned Florida document number L19000011135.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7250 Deerfoot Point Circle Unit 3

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32256

Enter new mailing address, if applicable:

7250 Deerfoot Point Circle Unit 3

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32256

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

_____, **Florida**

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, 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	Iure Caires Barbosa	7250 Deerfoot Point Circle Unit 3	<input type="checkbox"/> Add
		Jacksonville, FL 32256	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Michelle Barbosa	7250 Deerfoot Point Circle Unit 3	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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