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(Address)	
(Address)	
(City/State/Zip/Phone #)	-
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(Business Entity Name)	
(Document Number)	
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COVER LETTER

	Registration Se Division of Cor			
SUBJECT	r	VARA, LLC		
SUBJECT		Name of Lin	ited Liability Company	
The enclos	sed Articles of	 Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		ALAN YEVARA		
		ALAN YEVARA, LLC	Name of Person	
		4185 TURNBERRY CIR i	Firm/Company 1904	
		LAKE WORTH, FL 3346	Address	
		CANDAEXPENSES@GM		
For further	information c	E-mail address: (oncerning this matter, please of	to be used for future annual report not	ification)
ANTONIO COA			561 814-4558	
Name of Person		at ()	ne Telephone Number	
Enclosed i	s a check for th	ne 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/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4913 C	-7 PH 4:55
any as it now appears on our records.) Liability Company)	
y were filed on FEBRUARY 04, 2019	and assigned
	_
pility company here:	
ility Company," the designation "LLC" or the abl	breviation "L.L.C."
4185 TURNBERRY CIR # 904	
LAKE WORTH, FL 33467	
4185 TURNBERRY CIR # 904	
LAKE WORTH, FL 33467	
ffice address on our records, entere: Enter Florida street address	the name of the n
Florida	
City	Zip Code
	Liability Company) were filed on FEBRUARY 04, 2019 bility company here: dity Company," the designation "LLC" or the abl 4185 TURNBERRY CIR # 904 LAKE WORTH, FL 33467 4185 TURNBERRY CIR # 904 LAKE WORTH, FL 33467 ffice address on our records, enteres: Enter Florida street address

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 amendin	g Authorized Person(s) authoriz	nage, enter the title, name, and address	of each person being added	
MGR = N AMBR = A	lanager authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
AMBR	YEVARA, ALAN		4185 TURNBERRY CIR # 904	□ Add
			LAKE WORTH, FL 33467	
				■ Remove
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D. If amending any	other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)
		
		<u> </u>
		
		
(If an effective date is line Note: If the date in	other than the date of filing; isted, the date must be specific and isserted in this block does not more date on the Department of St	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) eet the applicable statutory filing requirements, this date will not be listed as the
If the record specif (b) The 90th day	ies a delayed effective da after the record is filed.	te, but not an effective time, at 12:01 a.m. on the earlier of:
Dated OCTOBER	02	2019
	Suparura of a m	symber or authorized representative of a member
ANTON	IIO COA	annot of authorized representative of a memoer
		Lyped or printed name of signee

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