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(Requestor's Name)
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(Document Number)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
SUBJECT:	Keva C	Organics, LLC mited Liability Company	
	Name of Lin	mited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are su	ibmitted for filing.	
	ndence concerning this matte		
r tease return an correspon	ndence concerning and made	. to the following.	
	<u>Kev</u>	Name of Person	vet Soto
		(eva Organics, LLC	
		Boggy binte Dr.	2020 DF
		do, FL 32824 City/State and Zip Code	,
	E-mail address:	S 2 @ 9 mail . COM	cation)
For further information co	oncerning this matter, please		p; 10
Wanda Name of	a Evet Soto	at (<u>407</u>) <u>267-20</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
25.925.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	ion
Registration S Division of Co		Registration Sect Division of Corp	
P.O. Box 632	-	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears iability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000185167</u> .	were filed on	7/18/14	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabili			
The new name must be distinguishable and contain the words "Limited Liabili			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	13053 (Oclando,	Buggy Pointe FL 32824	<i>Dr.</i>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13053 Orlando,	Buggy Point FL 32824	Dr. 28
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	NJA	cords, enter the name of the street address	PHO TO THE NEW FEGISTER OF
	r,nter Floria	la street address	
		, Florida	
	City	, Florida	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 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>	Type of Action
		N/A	□Add
			□Remove
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fective date, if o	other than the clisted, the date must	late of filing:				_ (optional))	
n effective date is li te: If the date in	isted, the date must iserted in this bloo	be specific and c ck does not me	annot be prior to eet the applica	o date of filing o ble statutory f	r more than 90 (ling requirem	days after filing ents, this date	.) Pursu: : will no	ant to 605.02 of be listed
cument's effectiv	re date on the Dep	partment of Sta	ite's records.					
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is filed.	delayed effective	date, but not a	n effective tin	ie, at 12:01 a.:	n, on the carti	er of: (b) - 11	ie 90th	day after tr
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ted	<u>Decemb</u>	<u>er 8</u> .	2020	-17				
			Ant					
		Signature of a mo	ember or muthor	rized representa	ive of a membe	r		
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