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### **COVER LETTER**

	tration Sec on of Corp					
EUDIRATE.	DIVAN SE	ERVICES LLC				
SUBJECT: _	Name of Limited Liability Company					
The enclosed A	articles of A	amendment and fee(s) are sub	mitted for filing.			
Please return al	ll correspon	dence concerning this matter	to the following:			
		EDIVAN DURAN				
		EDIVAN SERVICES LLC	Name of Person			
Firm/Company 866 CHIPLEY ST E			Firm/Company			
		LEHIGH ACRES , FL. 339	Address 974			
		duranplumbing2019@gmail			: <u>:</u> 90	
			to be used for future annual report notifica	tion)	001	(개왕) - 국회-
For further info		ncerning this matter, please ca	all: 305 786 5928		<u></u>	
982-1-1	Name of	Person	at ()	clephone Number	. <u>9</u> . 5.9	5.141E 3.141S
Enclosed is a cl	neck for the	following amount:				T.
■ \$25.00 Filin		□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fer Certificate of St Certified Copy (additional copy is o	atus &	

#### MAILING ADDRESS:

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION Or

EDIVAN 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 09/03/2019 Florida document number L19000222805 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 "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

#### New Registered Agent's Signature, it 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_. Florida \_\_\_

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	DURAN, EDIVAN	866 CHIPLEY ST E, LEHIGH ACRES.FL.33974	<b>≅</b> Add
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record specifies a delayed e The 90th day after the record	ffective date, bu d is filed.	t not an effectiv	ve time, at 12:0	i a.m. on the ea	rlier
october , 15	2019				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00