

L19 000247676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

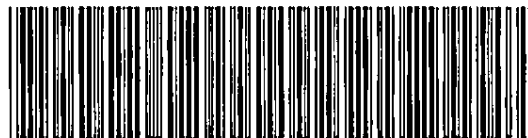
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/13/20--01033--023 **60.00

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2020 APR 13 AM 7:12

ATTORNEY GENERAL
CLERK OF COURTS
101 APOLLO DRIVE
ANN ARBOR MI 48106

APR 23 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Evey Fine Art US, 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:

Carla Groh

Name of Person

Evey Fine Art US, LLC

Firm/Company

252 Oleander Ave Apt.3

Address

Florida 33480

City/State and Zip Code

carlagroh@hotmail.com

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

For further information concerning this matter, please call:

Carla Groh

773

7033480

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

and assigned

2020 APR 13 AM 7:12

77
1. 1960-1961
2. 1962-1963
3. 1964-1965
4. 1966-1967

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

FLORIDA 33480

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

☐ Change

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

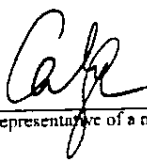
PLEASE ALSO NOTE CHANGE OF BUSINESS & MAILING ADDRESS FROM:
2357 SW WILD OAK WAY PALM CITY, FLORIDA 34990
TO:
252 OLEANDER AVE APT. 3
PALM BEACH, FLORIDA 33480
(ALREADY FILED ONLINE)

PLEASE ADD FLORIDA SALES TAX ID.
SEE ATTACHED DOCUMENT WITH LAST FILING

E. Effective date, if other than the date of filing: _____ (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 APRIL 9TH, 2020



Signature of a member or authorized representative of a member

CARLA GROH

Typed or printed name of signee

Filing Fee: \$25.00