LZO 000242330

(Requestor's Name)	
(Address)	400356475
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	12/21/2001016-
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1/27/21

COVER LETTER

Division of Corp	orations		
SUBJECT:	FEVA LLC		
		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	AHXIA	A. Patterson	<u>^</u>
	4EVK	Firm/Company	
	8404 NW		
	Tamarac	FL 33321 City/State and Zip Code	
	OILIXIOL. Patt E-mail address: (t	FL 33321 City/State and Zip Code City/State and Zip Code City/State and Zip Code o be used for future annual report notif	COM
For further information cor	ncerning this matter, please ca	all:	
ALLX LA A	Patterson Person	at (784) 704 13 Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 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:		Street Address:	

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

Registration Section

TO:

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

11 -11.0

4 tVA UC	
(Name of the Limited Liability Compa (A Florida Limited	any as It now appears on our records.) Liability Company)
	9/10/2012
The Articles of Organization for this Limited Liability Company	were filed on $X/IO/JOJO$ and assigned
Florida document number <u>L20000242330</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2020
(Principal office address MUST BE A STREET ADDRESS)	9604 NW 57th PLI 8
	Tamarac FL 33321 N =
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	8604 NW 57th PLS
	Tamarac FL 33321
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	exia A. Patterson
New Registered Office Address: 8604	NW 57 th PL Enter Florida street address
Tamara	7 Florida 33321
Non Davistand Aparth Clauster (C.L., 1977)	Cuy 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>	Address	Type of Action
AMBR	Alexia A. Pattersen	8604 NW 57th PL	MAdd
		Tamarac FL 33321	□Remove
			□Change
	hasheed Powell	9404 NW 57th PL	□Add
		Tamarac FL 33321	ERemove
			Change
			Remove
			⊖ ☐Change
			□Add
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if effective date is fisted, the date files	date of filing: AUGUS+ /c at be specific and cannot be prior to date of sock does not meet the applicable statue epartment of State's records.	minis of more man 50 days after in	ing.) Pursuant to 605.020
ecord specifies a delayed effectiv is filed.	e date, but not an effective time, at 12	:01 a.m. on the earlier of: (b)	The 90th day after the
ted <u>December</u>	<u> 5, 2020</u> .		
A	Levia A. Pa Signature of a member or authorized repr	Hersen esentative of a member	
	~		