

L21 000073218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

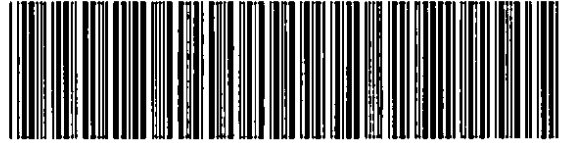
(Document Number)

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05/16/21



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2021 MAY -6 AM 11:24

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11:24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MORVAN AGE 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:

WIDY MORVAN-TELISMOND

Name of Person

MORVAN AGE LLC

Firm/Company

7516 SW 7th COURT

Address

NORTH LAUDERDALE, FL 33068

City/State and Zip Code

widy@morvanage.com

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

For further information concerning this matter, please call:

WIDY MORVAN-TELISMOND

954

560-6772

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

2021 MAY 6 A 11:24

11:24

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MORVAN AGE 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 02/11/2021 and assigned
Florida document number L21000073218.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SAME AS ORIGINAL

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

Enter new principal offices address, if applicable:

SAME AS BEFORE

(Principal office address MUST BE A STREET ADDRESS)

SAME AS BEFORE

Enter new mailing address, if applicable:

SAME AS BEFORE

(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:

MORVAN WIDY

New Registered Office Address:

7516 SW 7th COURT

Enter Florida street address

NORTH LAUDERDALE

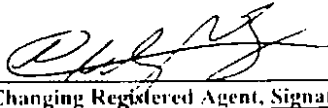
City

Florida 33068

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MEZ MONDESIR	3600 S STATE RD 7, MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	INC AUTHORITY RA	390 NORTH ORANGE AVE, STE 2300	<input type="checkbox"/> Add
		ORLANDO FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	WIDY MORVAN-TELISMOND	7516 SW 7th COURT	<input checked="" type="checkbox"/> Add
		NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

2021

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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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00