

L21000138984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

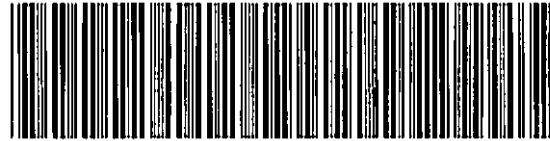
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

8/2/2021
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21 JUL 12 AM 8:31



RECEIVED

2021 JUL 12 PM 1:35

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2021

JULIAN ANDRES GUTIERREZ ZAPATA
8245 NW 6TH TER, APT 203
MIAMI, FL 33126

SUBJECT: EVALTA LLC
Ref. Number: L21000138984

We have received your document for EVALTA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 721A00014925

TO: Registration Section
Division of Corporations

SUBJECT: EVALTA 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:

JULIAN ANDRES GUTIERREZ ZAPATA

Name of Person

EVALTA LLC

Firm/Company

8245 NW 6TH TER, APT 203

Address

MIAMI FL 33126

City/State and Zip Code

julianгуza@gmail.com

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

For further information concerning this matter, please call:

JULIAN ANDRES GUTIERREZ ZAPATA

Name of Person

at (1)

Area Code

305 301 7898

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

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**ARTICLES OF ORGANIZATION
OF**

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company) 21 JUL 12

The Articles of Organization for this Limited Liability Company were filed on FLORIDA 11/03/8/2021 and assigned
Florida document number 171000138984.

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 "L.L.C."

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:

JULIAN ANDRES GUTIERREZ ZAPATA

New Registered Office Address:

8245 NW 6TH TER, APT 203

Enter Florida street address

MIAMI

City

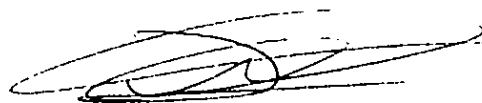
Florida

33126

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

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------------------------------------|----------------------------------|--------------------------------------------|
| <u>MGR</u> | <u>JULIAN A GUTIERREZ</u> | <u>8295 NW 26TH TER, APT 203</u> | <input type="checkbox"/> Add |
| | | <u>MIAMI FL, 33126</u> | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>JULIAN ANDRES GUTIERREZ</u> <u>ZAPATA</u> | <u>8295 NW 6TH TER, APT 203</u> | <input checked="" type="checkbox"/> Add |
| | | <u>MIAMI FL, 33126</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>MARIA C MONCAYO</u> | <u>8295 NW 6TH TER, APT 203</u> | <input type="checkbox"/> Add |
| | | <u>MIAMI FL, 33126</u> | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>MARIA CAMILA MONCAYO</u> <u>HERREERA</u> | <u>8295 NW 6TH TER, APT 203</u> | <input checked="" type="checkbox"/> Add |
| | | <u>MIAMI FL, 33126</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

21 JUL 12 AM 8:31


E. Effective date, if other than the date of filing: 7/08/2021 (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 7/8/2021


Signature of a member or authorized representative of a member

JULIAN ANDRES GUTIERREZ ZAPATA

Typed or printed name of signee

Filing Fee: \$25.00