121000363995

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
ENVESTE	NU L.L.C.		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
·	S		
	Pierre M. Andre		
		Name of Person	-
	ENVESTENU L.L.C.		
	-	Firm/Company	
	6223 Jaipur ct		
		Address	
	Boynton Beach, FL 33437		
		City/State and Zip Code	
	envestenullc@yahoo.com		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Pierre M. Andre		754 244-5220	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for the	ne 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		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENVESTENU L.L.C.		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our record ed Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability Compa	any were filed on 08/12/2021	and assigned
lorida document number L21000363995		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		-
nter new mailing address, if applicable:		(/)
Mailing address MAY BE A POST OFFICE BOX)		T)
		_1
	-	P
. If amending the registered agent and/or registered offic	ce address on our records, <u>enter</u>	the name of the new regi
gent and/or the new registered office address here:		72
N		
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street address	i
		orida
	City	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 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	Pierre M. Andre	6223 Jaipur CT Boynton Beach, Fl 33437	≣Add
			Remove
			□ Change
			□Add
			□ Remove
			□ Change
			🗖 Add
			□Remove
			⊋ P Change
			Nγqq Sistematical γ
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			□Change
			□Add
			□Remove
			□ <i>(</i> 15

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reffective date is listed, the date must be specific and cannot be price	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0 licable statutory filing requirements, this date will not be listed is.
cord specifies a delayed effective date, but not an effective s filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ed August . 25, 2021	·
/	

Filing Fee: \$25.00