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Office Use Only



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DIVISION OF CORPORATIONS

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COVER LETTER

то:	Registration Section Division of Corporations		r	,	و
SUBJ	ECT: FEV ANNAVA	or Limited Lia	C ability Company	 ·	
	nclosed Articles of Amendment and fee(s)				
Please	return all correspondence concerning this	matter to the	tonowing:		
	·Michele	t ANI	ENOR Name of Person		- -
			Firm/Company		
	124 5	w 5th	1_AVEAddress		
	Boynto	1 Bch	F1, 3	3435	
	Micheletas	nde no	3189 x	report notification	<u>yy)</u>
For fi	urther information concerning this matter,	please call:			
<u>-M</u>	Chelet ANTENOR		at (<u>561</u>) <u>3</u> Area Code	39642 Daytone Tele	:phone Number
Enclo	osed is a check for the following amount:				
	\$25.00 Filing Fee S30.00 Filing F Certificate of		3 \$55.00 Filing Fee Certified Copy (additional copy is en		12 \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FEV ANNAVAN, LLC

company has been notified in writing of this change.

(A Florida Limited Liability Company)	<u>(43.</u>)		
The Articles of Organization for this Limited Liability Company were filed on $7-01$. Florida document number 12000296739	ADDD and assigned		
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 "L1.	.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)	2: 0		
Enter new mailing address, if applicable:	SECRETARY TSION OF CO		
(Mailing address MAY BE A POST OFFICE BOX)	유 중요 		
B. If amending the registered agent and/or registered office address on our records, ente agent and/or the new registered office address here:	er the name of the new registered		
Name of New Registered Agent:			
New Registered Office Address: Enter Florida street address	ess		
	. Florida		
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

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
MG-B	Michelet ANTENOR	124 SW 5th Ave BothlonBah	LIAdd
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			☐Change
AMBR	michelet Avitual	124 SW 5th Ave BoynamBC] (li=Add
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	optional) after filing.) Pursuant to 605.6 s. this date will not be liste	1207 (3)(d as the
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier cord is filed.		the
Dated 7 - 15 - 2022 - Millet Anton Signature of a member of authorized representative of a member		
Millet Anten		

Filino Fee: \$25.00