

L220000489679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

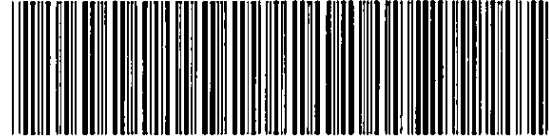
(Business Entity Name)

(Document Number)

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STATE  
CLERK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EVAGENESIS VACATION HOMES 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:

Clement Rodriguez, Charles Ray

Name of Person

Firm/Company

17113 Miramar Pkwy., Suite 001

Address

Miramar, FL 33027

City/State and Zip Code

evagenesisvacationhomesllc@hotmail.com

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

For further information concerning this matter, please call:

Clement Rodriguez, Charles Ray

954 395-7921  
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

2023 DEC -8 AM 11:16

DEC 11 2023

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

EVAGENESIS VACATION HOMES 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 11/15/2022 and assigned  
Florida document number L22000489679.

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:

17113 Miramar Pkwy., Suite 001

**(Principal office address MUST BE A STREET ADDRESS)**

Miramar, FL 33027

Enter new mailing address, if applicable:

17113 Miramar Pkwy., Suite 001

**(Mailing address MAY BE A POST OFFICE BOX)**

Miramar, FL 33027

**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:

Clement Rodriguez, Charles Ray

New Registered Office Address:

17113 Miramar Pkwy., Suite 001

Enter Florida street address

Miramar

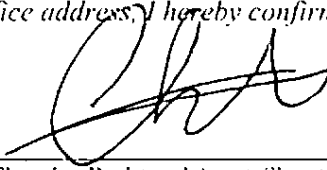
Florida 33027

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	CLEMENT RODRIGUEZ, ARIAN	17113 MIRAMAR PARKWAY, #137	<input type="checkbox"/> Add
		MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Clement Rodriguez, Charles Ray	17113 Miramar Pkwy., Suite 001	<input checked="" type="checkbox"/> Add
		Miramar, FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Authorize	FONTANALS SALAZAR, FRANC	17113 Miramar Pkwy., Suite 001	<input checked="" type="checkbox"/> Add
		Miramar, FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated December 7, 2023  
 \_\_\_\_\_  
 Signature of a member or authorized representative

Typed or printed name of signee

**Filing Fee: \$25.00**