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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: EVER A Same 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:					
Civily Elussavat Name of Person					
Everything gialy LLC					
2700 w Atlantic Blid Ste 113					
City/State and Zip Code Everything of 12018 a) yanco.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Cincly Fluissavat at (954) 997-0858 Name of Person at (954) Daytime Telephone Number					
Enclosed is a check for the following amount:					
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)					

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

(Name of the Limited Lability Compar (A Florida Limited L	LC				
(A Florida I mited L	ny as it now appears on our records.) hability Company)				
The Articles of Organization for this Limited Liability Company	were filed on \ \ 4 \ 18	and assigned			
Florida document number <u>L\8002003460</u> .		und			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company here:				
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the ab	breviation CDL.C.			
Enter new principal offices address, if applicable:		AH,			
(Principal office address MUST BE A STREET ADDRESS)		-5 -5 ARK			
		<u> </u>			
		7:			
Enter new mailing address, if applicable:		03 REP			
(Mailing address MAY BE A POST OFFICE BOX)					
		-			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter</u> :	the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code			
real registered Agent's Signature, it 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 = Ma AMBR = At	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Cincly Elusauxit	8305 W Sample rd Coral Springs Fl 330G5 Lpt3	🗆 Add
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(If an effective d <u>Note:</u> If the	late is listed, the d date inserted in	an the date of filing late must be specific and this block does not the Department of	nd cannot be prior meet the applic	able statutory fi	r more than 90 day	(optional) ys after filing.) Pursu ts, this date will n	ant to 605.0 of be listed	0207 (3)(b) I as the
If the record s (b) The 90th	specifies a de day after th	elayed effective ne record is filed	date, but no l.	t an effectiv	e time, at 12	:01 a.m. on th	ie earliei	r of:
Dated 2	1/18	Signature of a	a member or author		ive of a morphor			
		Cind	T 1	Sa S	I			

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Filing Fee: \$25.00