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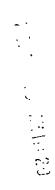
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

EVER SOI SUBJECT:	LUTIONS, ELC		
SOBJECT.	Name of Lim	ited Liability Company	<u>_</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ESTEFANIA VIEYRA		
		Name of Person	
	EVER SOLUTIONS LLC		
		Firm/Company	
	5323 72ND ST NORTH		
		Address	
	SAINT PETERSBURG/ F	LORIDA 33709	
		City/State and Zip Code	
	eversolutionsllc2021@gma	il.com	
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
ESTEFANIA VIEYRA		727 3378976 at ( )	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	Street Address: Registration Section of Coron The Centre of Tallahassee, FL	porations fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVER SOLUTIONS, LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/01/2021	and assigned
Florida document number L21000088571		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		. <u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
		<u></u> .
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	,
B. If amending the registered agent and/or registered office a	address on our researds, anter the name	a of the new renic
agent and/or the new registered office address here:	duress on our records, enter the nam	e or the new regis
Name of New Registered Agent:		
New Registered Office Address:	D. Filed and the	* 
	Enter Florida street address	
	, Florida	Zip Code
	Cny	zap G <b>oa</b> e N≎
Now Desistand Agent's Signature if shanging Pegistaned Agent-		t

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>	Address	Type of Action
MGR	MICHAEL MORGAN	5323 72ND ST NORTH SAINT PETERSBURG	/ FLO ■ Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
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If an effec	ve date, if other than the date of filing:
docume	nt's effective date on the Department of State's records.
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after thed.
Dated _	2021
_	Att de total
	Signature of a member or authorized representative of a member
	ingliantic of a facility of antiformed representative of a member