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AUG 3 0 2018

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: <u>EVERY SIEP TOC</u>				
DOCUMENT NUMBER: 102000112634				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MAJeleine D. Lowgaray Name of Contact Person Lowgaray & Desociates Firm/Company 8360 W Hagler St. Ste 203 Address				
Name of Contact Person				
LONGARAN & Decelate				
F/m/ Company				
8360 W Harler St. Ste 203				
Address				
High - FC 3314V City/ State and Zip Code				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
it-mail address; (to be used for future affinial report notification)				
For further information concerning this matter, please call:				
MAdeleine J. LONGARM BY 305, 553, 580/				
MAdeleine J. Low GAR ay at 305 553 580 / Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
- f				
\$35 Filing Fee				
is enclosed)				
Mailing Address Street Address				
Amendment Section Amendment Section				
Division of Corporations Division of Corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

FILED

Articles of Incorporation

	of 2018 AUG 27 AM 9: 39
EVERY	STEP INSECUTION OF STORIATE S currently filed with the Figure April of Storial ATE ALLAHASSEE, FL
(Name of Corporation as	s currently filed with the Fiveles Dent of State ATE
Pozo	000/12636
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Stat ts Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s)
4. If amending name, enter the new name of the corpor	ation:
\sim /A	The new corporation," "company," or "incorporated" or the abbreviation
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp.," "E word "chartered," "professional association," or the abbro	nc," or "Co". A projessional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address MUST BE A STREET ADDRES)	SS)
	$\frac{\lambda \sqrt{A}}{A}$
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	~/ <i>B</i>
	,
). If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	e address:
Name of New Registered Agent	N/A
	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registers	ad Aganta
hereby accept the appointment as registered agent. I am,	familiar with and accept the obligations of the position.
	· ,
	. /2
<i>V</i>	of New Registered Agent if changing
Stenaure	OF NEW KERISTERA Agent at chancing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title:

P President: V= Vice President: T= Treasurer: S= Secretary: D- Director: TR- Trustee: C= Chairman or Clerk: CEO - Chief Executive Officer: CFO - Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer. Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Doe	
X Remove	<u>Y</u>	Mike Jones	
_X Add	<u>SY</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	Dieco Cipelluto	1554 Orion LANE Waston - R
Add		•	Westow - K
Remove			<u> </u>
2) Change			
Add			
Remove			
3) Change			
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an amendment prov	ides for an excl	hange, reclassificat	ion, or cancellation	on of issued shares.	
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The date of each amendment(s) adoption	n:	, if other than the
daté this document was signed.	,	
Effective date if applicable:	~/A	
· · ·	(no more than 90 days after amendment file date)	-
Note: If the date inserted in this block document's effective date on the Departme	oes not meet the applicable statutory filing requirements int of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes east for the amer for approval.	ndment(s)
The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The following ofing group entitled to vote separately on the amendment	z statement (v):
"The number of votes east for the	amendment(s) was/were sufficient for approval	
p),	Tvoting group)	
The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareh	older
DatedSignature	8/23/18 Units	
(By a director,	president or other officer - if directors or officers have n	ot been
selected, by ar	n incorporator - if in the hands of a receiver, trustee, or of	her court
appointed fidu	iciary by that fiduciary)	
	Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Precident (Title of person signing)	
	(Title of person signing)	