

LD2000010059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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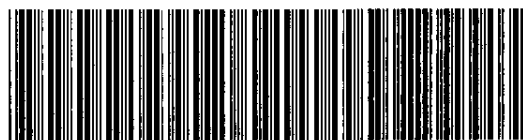
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan NOV 22 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Everglades, 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:

Francesca Rhodis

Name of Person

Law Offices of Francesca Rhodis P.A.

Firm/Company

3312 Griffen Road

Address

Fort Lauderdale, Florida 33312

City/State and Zip Code

frhodis@frpalaw.com

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

For further information concerning this matter, please call:

Christian F. Rosenberg

Name of Person

at (340)

779 2222

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/COURIER ADDRESS:

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

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Everglades, 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 04/26/2002 and assigned
Florida document number L02000010059

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3312 Griffen Road

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, Florida 33312

Enter new mailing address, if applicable:

Franchesca Rhodis

(Mailing address MAY BE A POST OFFICE BOX)

3312 Griffen Road

Fort Lauderdale, Florida 33312

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:

Christian F. Rosenberg

New Registered Office Address:

3312 Griffen Road

Enter Florida street address

Fort Lauderdale

, Florida

33312

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

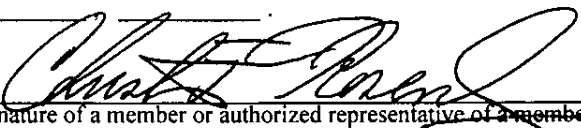
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DAY FONTAINE SPIERS, II	800 Ixora Lane Plantation, FL 33317	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CFR, LLC.	7411 Estate Boyoni St Thomas, USVI 00802	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE

Dated 11/15/2011


Signature of a member or authorized representative of a member

Christian F. Rosenberg
Typed or printed name of signee