L05000005243

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
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2016 JUN 30 AM II: 41

SECRETARY OF STATE

K. SALY EXAMINER

JUL -1

COVER LETTER,

	of Corporations
PAR SUBJECT:	TY EVERMORE, LLC
	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	William A. Dooley
	Name of Person
	William A. Dooley, P.A.
	Firm/Company
	2042 Bee Ridge Road
	Address
	Sarasota, Florida 34239
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
William A. Dooley	941 556-7200 at ()
N	Name of Person Area Code Daytime Telephone Number
Enclosed is a check	s for the following amount:
■ \$25.00 Filing F	Fee \$\Bigcup \\$30.00 Filing Fee & Bound Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) 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

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MLLA J	16 JUN 30 RETARY OF NHASSEE, F	AMII: 41

PARTY EVERMORE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		$^{*\alpha} \mathcal{O}_{\mathcal{A}}$
The Articles of Organization for this Limited Liabil	lity Company were filed on 01/14/2005	and assigned
Florida document number L05000005243	 •	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Gecko's - Clark, LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	registered office address on our records,	
New Registered Office Address:	Enter Florida street address	
	Flo	rida
	City	rida Zip Code
New Registered Agent's Signature, if changing Regi	!-4 d	
A TOWN TRANSPORTER WEART & DISTRIBUTE, II CHANGING INCE.	istered Agent:	

If Changing Registered Agent, Signature of New Registered Agent

If amending	f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:				
MGR = M	•	FILED 2016 JUN 30 AM 11: 42 Type of Action			
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STATE TALLAHASSEE, FLORID.	Type of Action	
			TALLAHASSEE, FLORID.	Add	
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		FH-F
		2016 JUN 30 AM
		TALLAHASSEE, FLO
		TAMASSEE, FLO
effective date is listed, the date meet lift the date inserted in this b	e date of filing: Inst be specific and cannot be prior to date of filing or more lock does not meet the applicable statutory filing redepartment of State's records.	(optional) than 90 days after filing.) Pursuant to 605.020 quirements, this date will not be listed as
ne 90th day after the re	d effective date, but not an effective time cord is filed.	e, at 12:01 a.m. on the earlier o
ed	2016	
11/11	Male	
al la l		
	Signature of a member or authorized representative of a	member

Page 3 of 3

Filing Fee: \$25.00