h09000053691

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO:		stration Sec sion of Corp					
CLID III	c.m	Everything Y	You LLĊ	•		R	
SUBJE	CI;						
The enc	losed	Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please re	etum	all correspon	dence concerning this matter	to the following:			
			Teresa M Holmes				
				Name of Person	ı		
			Everything You LLC				
				Firm/Company			
			1628 NW 38th Street				
				Address			
				City/State and Zip C	lode	<u></u>	
			Oakland Park Florida 33309	to be used for future an	nual report notific	cation)	
For furtl	her in	formation co	ncerning this matter, please ca		nour report norm	,	
Teresa i	M Ho	lmes		954 at (224-6895		
		Name of		Area Code	Daytime	Telephone Number	- ADTICLE
Enclose	d is a	check for the	following amount:				ON
□ \$25	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Cop (additional copy	у	\$60.00 Filing Fe Certificate of St Certified Copy (additional copy is of	atus &

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Everything You LLC		
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L09000053691	y Company were filed on	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LEC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2022 AUG SECRETI TALLA
B. If amending the registered agent and/or registe agent and/or the new registered office address/hero		: <u>(7)</u> 44
Name of New Registered Agent:		ATE FL
New Registered Office Address:	Enter Florida street address	
_	, Florid:	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Cusandhian Van LLC

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.

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fective date, if other than t			, , , , , , , , , , , , , , , , , , , 	ptional)
n effective date is listed, the date note: If the date inserted in this				
cument's effective date on the				
ecord specifies a delayed effec	ive date, but not an effe	ctive time, at 12:01 a.	m. on the earlier of	f: (b) The 90th day after th
is filed.				
	2022			
July 27				f I
ted July 27		7/1		
ted July 27	, 	Allmer		7/24/22