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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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O SIMMONS FEB 2 2 2017

COVER LETTER

	gistration Secti vision of Corpo			
SUBJECT:	_Ew	eryday Hau Name of Limi	ted Liability Company	
The enclosed	d Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspond	ence concerning this matter	to the following:	
		Lynda	B. Middl	emas
			Name of Person	
			Firm/Company	
		4 Du	nes Court	•
				·
		Andi	a Island	FL 32034
			City/State and Zip Code	
		Morganmi	ddlemas @ o be used for future annual re	Me.com
		H-mail address: (t	o be used for future annual re	port notification)
		cerning this matter, please ca		
Lyndo	a B Min	ddlemas	at (904_)	321-1405
	Name of P	erson	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	\$\$60.00 Filing Fee. Certificate of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

(A Florada Lamited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 10, 2010 and assigned Florida document number Lt 00000 98572

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 contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
MRGM	Lynda B. Middlemas	4 Dunes Court	
	•	4 Dunes Court Amelia Island, FL 32034	Remove
		32034	Change
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Effective date, if oth	ier than the date :	of filing:	(6	optional)	5.1
(If an effective date is liste Note: If the date inse	ed, the date must be sported in this block do	ecific and cannot be prior to da	te of filing or more than 90 days statutory filing requirements	after filing.) Pursuant to 6	
the record specifies) The 90th day af			n effective time, at 12:0	01 a.m. on the ear	rlier of:
/	and an	U7			
16.414	LIV I. M	<u>, , </u>			
Dated Janua	1 / ~	~ · · · · · ·			
Dated January Ly	1 / ~	re of a member or authorized	Trentesentative of a member		
<u>Lij</u>	RON B. J.	Middle man Typed or printed na	I representative of a member		

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

Page 3 of 3

Filing Fee: \$25.00