

#L11000008396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

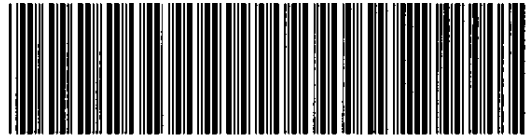
(Business Entity Name)

(Document Number)

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11 SEP 30 PM 1:50  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
OCT 3 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EVERMOS CAPITAL 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:

Matthew Egan

Name of Person

Evermos Capital LLC

Firm/Company

4709 N. Lois Ave. Suite 101

Address

Tampa, FL 33614

City/State and Zip Code

matthew\_egan@evermoscapital.com

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

For further information concerning this matter, please call:

Matthew Egan

Name of Person

at ( 813 )

784-2083

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

11 SEP 30 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Evermos Capital 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 1/20/2011 and assigned  
Florida document number L140008306 L11000008396

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 "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:

Matthew Egan

New Registered Office Address:

4709 N. Lois Ave Suite 101

Enter Florida street address

Tampa

Florida

33614

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.

Matthew Egan  
If Changing Registered Agent, Signature of New Registered Agent

