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	+	COVER LETTER			
TO: Registration S Division of Co			'n		
SUBJECT:	EVERJAN	SERVICES LLC			
	Name of Lim	ted Liability Company			
The enclosed Articles o	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
		JANET THOMPSON			
		Name of Person			
	•			<u> </u>	
		Firm/Company		SECALIAS SALLAHASS	~~~
		PO BOX 91246			-
		Address		E P	[T
	<u> </u>	AKELAND FL 33815			1,
		City/State and Zip Code		in and an	
	E-mail address: (to be used for future annual report	notification)		
For further information	concerning this matter, please of	eall:			
JAN	ET THOMPSON	at (863)	669-6273		
Name	of Person		nytime 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 encl	losed) Certified	te of Status &	

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

EVERJAN SERVICES LLC

	Liability Company as it now appear Florida Limited Liability Company)	,	
The Articles of Organization for this Limited Lia Florida document number	• • •	03/17/2012	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, <u>enter the new name of</u>	the limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with 'L.L.C."	the words "Limited Liability Compa	ny," the designation	LLC" or the abbreviation
Enter new principal offices address, if applica	ble:) 	
Principal office address MUST BE A STREET	TADDRESS)	<u> </u>	<u> </u>
		Ċ	2 P [[
	-	[] T	
Enter new mailing address, if applicable:		un Ale Sense de Granda Granda Transaction	
Mailing address MAY BE A POST OFFICE B	<u>80X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered offine the new registered of the New Registered Agent:		our records, <u>enter</u>	the name of the ne
New Registered Office Address:	2949 BLACKWATER CREI	EK DR	
	En	ter Florida street add	dress
	LAKELAND	, Florida	33810
	City		Zip Code
	egistered Agent:		

If Changing Registered Agent, Signature of New Registered Agent

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 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 **Title Name** <u>Address</u> Type of Action MGRM JANET THOMPSON 2949 BLACKWATER CREEK DR **✓** Add LAKELAND FL 33810 Remove **MGR** PHOEBE MONGOL **621 HEMLOCK LANE ✓** Add LAKELAND FL 33810 Remove MGR JANET MCNEIL 2949 BLACKWATER CREEK DR Add LAKELAND FL 33810 Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JUNE**, 13 2012 Dated Signature of a member or authorized representative of a member JANET THOMPSON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00