Florida Department of State Physician of Corporations Miccipanic Filing Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| To: | | | |
| | Division of Componations | | |
| | Fax Number : (350)617-6383 | | |
| From: | | | |
| | Account Name : CARVER DARDEN | | |
| | Account Number : I20070000116 Phone : (850)266-2300 | | |
| | Fax Number : (850)266-2301 | | |
| | Email Address: rushing@carver | | |
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MR 30 JOST

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| TO: Registration Se Division of Cor | | • | e e e e e e e e e e e e e e e e e e e |
|--|---|--|---|
| | EVERS ENTERPRISES LLC | 2 | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sul | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Robert S. Rushing, Esq. | | |
| | | Name of Person | |
| | Carver Darden Kuretzky | Tessier Finn Blossman & Areaux L | rc |
| | · | Firm/Company | |
| | 151 West Main Street, Su | ite 200 | |
| | | Address | |
| | Pensacola, FL 32502 | | |
| | | City/State and Zip Code | |
| | rushing@carverdarden.com | n (to be used for future annual report noti | Vertice |
| For further information of | n-mail addition in ancerning this matter, please o | | icitol) |
| Robert S. Rushing, Esq. | | 850 266-2303 | |
| Name o | f Person | Area Code Daytim | e Telephone Number |
| Carland in a shark for the | - fallowing a sount | | |
| Enclosed is a check for the | □ \$30.00 Filing Fee & | ☐ \$55.00 Filing Fee & | □ \$60.00 Filing Fee, |
| \$25.00 Filing Fee | Certificate of Status | Certified Copy (additional copy is chelosed) | Certificate of Status & Certified Copy (additional copy is enclosed |
| | | | |

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

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(((H22000295630 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MICHAEL EVERS ENTERPRIS | - - | | |
|---|--|---|---------------------------|
| (Name of the Lis | nited Liability Company sy (A Florida Limited Liabili | it now appears on our records.) by Company) | |
| The Articles of Organization for this Limited | Liability Company were | filed on February 28, 2012 | and assigned |
| Florida document number L12000028673 | | | |
| This amendment is submitted to amend the fo | ollowing: | | |
| 4. If amending name, enter the new name | of the limited liability of | ompany here: | |
| he new name must be distinguishable and contain the | words "Limited Liability Co | mpany," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if appl | icable: | | |
| Principal office address MUST BE A STRE | EET ADDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE | E <i>BOX</i>) | | |
| | | | |
| | | | |
| 3. If amending the registered agent and/or | | ss on our records, <u>enter the na</u> | me of the new terlittered |
| egent and/or the new registered office addr | ess bere: | | 22 A |
| | 51.65 N | | AUG AHA |
| Name of New Registered Agent: | Robert S. Rushing, Es | <u> </u> | <u> </u> |
| New Registered Office Address: | 151 West Main Street | , Suite 200 | |
| | | Enter Florida street address | 里沙 事 |
| | Pensacola | , Florida ³ | 2502 |
| | C | iry | Zip Code ထ |

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 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.

If Clumping Registered Agent, Signature of New Registered Agent

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| If amending Authorized Person(s) authorized to manage, | enter the title, | nam | e, a | nd a | <u>ddre</u> | 55 (| of eac | h pe | 12011 | <u>bein</u> | <u>e ad</u> | <u>ded</u> |
|--|------------------|-----|------|------|-------------|------|--------|------|-------|-------------|-------------|------------|
| or removed from our records: | | | _ | | | _ | | | _ | | | |

MGR = Manager
AMBR = Authorized Member

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| Title | Name | Address | Type of Action |
|-------------|--|---------------------|----------------|
| MGR | Michael E Evers | 4440 La Jolla | □ Add |
| | | Pensacola, FL 32504 | = Remove |
| | | | □ Change |
| MGR | Summer Fletcher | 4440 La Jolla | |
| | | Pensacola, FL 32504 | □Remove |
| | | | □Cnange |
| | | | □Aċd |
| | | | □ Remove |
| | | | □ Change |
| | Market and agreement of the set to the set | | □Add |
| | | | ☐ Remove |
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| <u>.</u> | | | ☐Add |
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| | | | □Add |
| | | | Remove |
| | | | □Change |

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| _ | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| <u>Note:</u> If | date, if other than the date of filing: |
| d is fil∝d | |
| ated | 8/4 2022. Signature of a member or authorized representative of a member |
| | 7 |
| | Signature of a member of authorized representative of a member |
| | Summer Fletcher Typed or printed name of signee |
| | Timmed to the |

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Filing Fee: \$25.00