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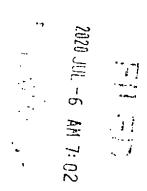


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COVER LETTER

TO:					
OUD IF	over.	Everett-Grad	ce Design Associates, Ilc		
SUBJEC	CT:	·	Name of Lim	nited Liability Company	
The encl	Everett-Grace Design Associates, Ile StiBLECT: Name of Limited Liability Company				
Please re	eturn	all correspon	idence concerning this matter	to the following:	
			Edie A. O'Reilly, ASID		
				Name of Person	
			Everett-Grace Design Asse	sociates, IIc	
				Firm/Company	Filing Fee, icate of Status & ied Copy nal copy is enclosed)
			2316 Pine Ridge Road, Su	site 368	
				Address	
			Naples, FL 34109		
				City/State and Zip Code	
For firth	er in	formation co		•	
			neering and matter, prease of		
Edie A.	O'Re	· · · · · · · · · · · · · · · · · · ·			·· ·
		Name of	Person	Area Code Daytime Telephone Number	
Enclosed	d is a	check for the	e following amount:		
□ \$ 25.	.00 F	iling F ec	-	Certified Copy Certificate (additional copy is enclosed) Certified C	of Status & Copy
	Div	ision of Co	orporations	Division of Corporations	
		. Box 6327 ahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite 81	n

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Everett-Grace Design Associates, Ilc		7. 29	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on clability Company)	our records.)	
The Articles of Organization for this Limited Liability Company	were filed on 4/27/12	and ass	igned""
Florida document number L12000056970		6 A	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:	• 0	.
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designa	ation "LLC" or the abbreviation "L.l	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	ds, <u>enter the name of the new</u>	<u>registered</u>
Name of New Registered Agent:			
New Registered Office Address:	F . Ft : 1		
	Enter Florida st		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	- 177		

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
AMBR	Michael J. O'Reilly	2316 Pine Ridge Road, Suite 368	
		Naples, FL 34109	□Remove
			□Change
			□Remove
			□Change
			
			Remove
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the D	ock does not meet the applic	cable statutory filing requ	(optional) n 90 days after filing.) Pursuant (iirements, this date will not b	to 605.0207 c listed as
record specifies a delayed effectived is filed.	e date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day	y after the
June 30th	2020	·		
Dated				
Dated	<u> </u>			
Dated	Signature of a member or auth	orized representative of a m	icmber	

Filing Fee: \$25.00