

L130000 39957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

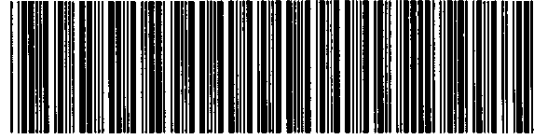
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 AUG -5 A 9:27  
STATE OF MICHIGAN  
TALMADGE COUNTY CLERK

AUG 08 2015  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2016

JOSE CASTRO  
5430 NW 114TH AV #101  
DORAL, FL 33178

SUBJECT: EVEREST GROUP LLC  
Ref. Number: L13000039957

We have received your document for EVEREST GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 116A00012659

2016 AUG - 559 A 9: 21  
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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2016

JOSE CASTRO  
5430 NW 114TH AVE, #101  
DORAL, FL 33178

SUBJECT: EVEREST GROUP LLC  
Ref. Number: L13000039957

We have received your document for EVEREST GROUP LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 816A00016294

2016 AUG -5 A 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Everest Group 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:

Jose Castro  
Name of Person

Everest Group LLC  
Firm/Company

5430 NW 114th Av, #101  
Address

Doral, FL 33178  
City/State and Zip Code

nmi.ve@hotmail.com  
E-mail address: (to be used for future annual report notification)

**FILED**  
2016 AUG -5 A 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FL

2016 AUG -5 PM 3:46  
MAILING ASSISTANT  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Jose Castro at ( 305 ) 450-5564  
Name of Person 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**

Everest Group 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 03/18/2013 and assigned Florida document number L13000039957.

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 "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

10361 SW 187th St, Miami, FL 33157

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

10361 SW 187th St, Miami, FL 33157

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2013 AUG -5 A 9:27  
CLERK OF CIRCUIT COURT  
MIAMI COUNTY, FLORIDA

**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 Office Address: \_\_\_\_\_

10361 SW 187th St.

Enter Florida street address

Miami

City

Florida 33157

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 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>	<u>Type of Action</u>
MGRM	Jose Castro	10361 SW 187th St, Miami FL 331	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	Grexi Albornett	10361 SW 187th St, Miami FL 331	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 2018 AUG -5 A 4:27  
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 TALLAHASSEE, FLORIDA

