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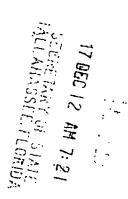
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COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: EVEREN	DEVER EXPRESS EMBROIDERY, LLC Name of Limited Liability Company
The enclosed Articles of Amendme	nt and fee(s) are submitted for filing.
Please return all correspondence co	incerning this matter to the following:
	BEATRICE M- WAGNER Name of Person
<u>ح</u>	VELENDEVER EXPRESS EMPROIDERY, LLC
13	7 BAHIA TRACE
	City/State and Zip Code ZARUS () VERMAN) O GMAL. Com
For further information concerning	E-mail address: (to be used for future annual report notification)
LAZARUS OVER	MAN 350 239-1765
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following	ng amount:
□ \$25.00 Filing Fee	OF Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADD Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL 3	orations Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 5-12This 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) 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: New Registered Office Address: Enter Florida street address Florida City 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 amendin	g Authorized Pe I from our recor	erson(s) authorized to r ds:	nanage, <u>enter the title, name, an</u>	d address of each person being added
MGR = N AMBR = A	Aanager Authorized Men	. ,		
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Note	: If the date inserted in th	is block does not meet the applicable statutory filing requirements, this date will not be if	sted as the
docu	ment's effective date on the	Department of State's records.	
If the re	ecord specifies a dela	yed effective date, but not an effective time, at 12:01 a.m. on the ear	lier of:
(b) Th	e 90th day after the	record is filed.	
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Filing Fee: \$25.00