## 215000030166

(Re	equestor's Name)	
(1.0	questor s mame,	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷ #)
PICK-UP	MAIT	MAIL
	rsiness Entity Nan	ne)
(= .	<b>,</b>	,
(Da	ocument Number)	
(CC	kument number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800322211628

13/20/18-+81026---832 \*\*25.00



D. SCOTT

## **COVER LETTER**

10: Registration Division of C	Section Jorporations			
EVERDI SUBJECT:	EAN HOLDINGS, LLC			
	Name of L	imited Liability Company		
The enclosed Articles	of Amendment and fee(s) are si	abmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
	W COREY KEITH			
	LGS ACCOUNTING	Name of Person		-
	210 S. FLORIDA AVE S	Firm/Company TE. 201		
	LAKELAND, FL 33801	Address		DEC 20
	LGSACCOUNTING@TA	City/State and Zip Code MPABAY.RR.COM (to be used for future annual report note)		A 2:31
For further information of	concerning this matter, please c	•	псанолу	
COREY KEITH		863 667-1740		
Name o	of Person	at ()	e Telephone Number	-
Enclosed is a check for t	he following amount:			
■ S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &
MAIL	ING ADDRESS:	STREET/COURTE	€R AÐDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVERDEAN HOLDINGS, LLC		
( <u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our reco da Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability		
Florida document number L15000030166		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
EVERDEAN CONSTRUCTION, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	The state of the s
		60. 2
Enter new mailing address, if applicable:		The P
(Mailing address MAY BE A POST OFFICE BOX)		129 19
B. If amending the registered agent and/or registered agent and/or registered agent and/or the new partition of the registered agent and/or registered agent	tered office address on our records	s, enter the name of the new
registered agent and/or the new registered office add	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	,
	Flo	orida
	City	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>	Address	Type of Action
			☐ Remove
			Change
<del></del>			
			□ Remove
			☐ Change
······			GAdd 1
		<del></del>	Remove Change
			Add
			Change
<del></del>			☐ Add
			☐ Remove
			☐ Change
<del></del>			□ Add
			□ Remove
			□ Change

								_
			<del></del>	·				_
			<del></del>				<del></del>	_
				<del></del>				_
			· <del>-</del>					•
		····	<del></del>		·	·		_
			·····	<u> </u>				
			<del></del>		<del></del>			
				···-				[7]
,							至 52	١
							12 12	`*
-						· <del></del>		
_						<del></del>	<u>r.</u>	
-			<del></del>	<del></del> -				
-			<del></del>					
-					<del></del>		<del></del>	
Effecti	ive date, if other than t	he date of fili	ino.	MBER 14, 201		(optiona	.11	
(if an offe	ective date is listed, the date that the date inserted in this entire attractive date and the	nust be specific a	and cannot be	rior to date of f	ling or more than 5	O danc after fills	na i Durenant to COC.	0207 (3
docum	ent's effective date on the	Department of	f State's reco	rds.	ory mang require	ments, ans tra	te will not be liste	a as th
the rec ) The	ord specifies a delay 90th day after the re	ed effective	date, but	not an effe	ctive time, at	12:01 a.m	. on the earlie	r of:
		roota to the						
Dated _	DECEMBER 14TH		2018	1				
	//\/			1				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00