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## **COVER LETTER**

TO:

	tration Scion of Cor	ection porations			
	MJ EVERS	SINVESTMENTS, LLC			
SUBJECT: _		Name of Lim	ited Liability Company		-
The enclosed /	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return a	ll correspo	ondence concerning this matter	to the following:		
		MARY EVERS STALVE	ŕ		
			Name of Person	····	<del></del>
			Firm/Company		<del></del>
		1675 MCGREGOR RESE	ERVE DRIVE		
			Address		_
		FORT MYERS, FL. 33901	1		
		STALVEYMARY@YMAE	City/State and Zip Code L.COM		_
		E-mail address: (	to be used for future annual r	eport notification)	-
For further infe	ormation c	oncerning this matter, please ca	all:		
MARY EVER	S STALVI	EY	==:	)-7789	
	Name o	f Person	at () Area Code	Daytime Telephone Numb	oer .
Enclosed is a c	heck for th	ne following amount:			
<b>≘ \$25.00</b> Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certific osod) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
		ING ADDRESS:		COURIER ADDRESS:	
	Divisio	on of Corporations	Division of	of Corporations	
		ox 6327 issee, FL 32314	Clifton Br 2661 Exe	unding cutive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MJ EVERS INVESTMENTS, LLC			·
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appea nited Liability Company)	rs on our records.)	_
The Articles of Organization for this Limited Liability Comp Florida document number 1.15000101384	pany were filed on $\frac{00}{2}$	5/10/2015 and	lassigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	ere:	
			11/10
The new name must be distinguishable and contain the words "Limited	Liability Company," the c	lesignation "LLC" or the abbreviation	Fil.C.
Enter new principal offices address, if applicable:		<del> </del>	23
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	·	
	<del></del>		
			7.
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)			. !
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:		our records, <u>enter the na</u>	me of the new
New Registered Office Address:			
	Enter Flo	rida street address	
<del></del>	Cin	, Florida	
New Registered Agent's Signature, if changing Registered Ag	City	Zip Co	oae 
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this plete performance of t as provided for in (	my duties, and I am familiar Chapter 605, F.S. Or, if this d	with and locument is
<u>ir</u>	Changing Registered A	gent, 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	LINDSAY K STALVEY	1675 MCGREGOR RESERVE DR	
		FORT MYERS, FL. 33901	■ Remove
			□ Change
MGR	LINDSAY K STALVEY	1675 MCGREGOR RESERVE DR	■ Add
		FORT MYERS, FL. 33901	☐ Remove
			□ Change
AMBR	MARY EVERS STALVEY	1675 MCGREGOR RESERVE DR	
		FORT MYERS, FL. 33901	□ Remove
			□ Change
	<del></del>		
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			11 23 T
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otive date if other than the d	nto of filing.		(amtional)	
ctive date, if other than the deffective date is listed, the date must be				
If the date inserted in this bloc iment's effective date on the Dep		ble statutory filing re	quirements, this date will	not be listed as the
ecord specifies a delayed e		an effective time	e, at 12:01 a.m. on	the earlier of:
ie 90th day after the recor	d is filed.			
OCTOBER 18	2015			
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Mare	Ever -	talie		
/\$	gnature of a member or author	rized representative of a	member	I
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