15000197481

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18 MAR -8 AM 8: 38
SECRETARY OF STATE
SECRETARY OF STATE

DEPARTHENT OF STATE

K. SALY MAR - 9 2018

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850,656,7956

Fax: 850.656.7953 www.Incserv.com

e-mail: info@incserv.com



ORDER FORM

TO IGB Associates, Inc.

819 S. ORLEANS TAMPA, FL 33606 FROM

Melissa Stops

mstops@incserv.com

850.656.7953

contact@igbassociates.com

813.253.8810 813.253.8811

REQUEST DATE: 3/8/2018

PRIORITY Routine

OUR REF.# (Order ID#) 634710

ORDER ENTITY

EVERDEEN LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

EVERDEEN LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, March 08, 2018 Page 1 of 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 MAR -8 AM 8: 38

SECRETARY OF STATE
MARSSEE MORINA

EVERDEEN 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 Com- Florida document number <u>L15000197481</u>	npany were filed o	on 11/23/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability compa	<u>ny here</u> :	. •
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u>SS)</u>		
	-	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Truining dual CSS (WAY DELTA COST OF TACK DOTY)		. , .	
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:		ss on our record	s, enter the name of the new
New Registered Office Address:	En	ter Florida street addre	SS
		, F	iorida
	City	, -	lorida Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered ages being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performar nt as provided fo	nce of my duties, a or in Chapter 605,	ind I am familiar with and F.S. Or, if this document is
	If Changing Registe	ered Agent, <u>Signature</u>	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
MGR	Juan Ignacio Fraschini	LuiLuis Alberto de Herrera 1248	
		of 2306	☐ Remove
		Montevideo-Uruguay 11300	Change
MGR	Chivito Mania LLC	848 Brickell Avenue	
		Suite 300	■ Remove
	·	Miami, FL 33131	☐ Change
			
			Remove
·			☐ Change
			D'Remove
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ve date, if other than the date of	filing:	(optional) re than 90 days after filing.) Pursuant to 605.0
If the date inserted in this block does nent's effective date on the Departmen	s not meet the applicable statutory filing	requirements, this date will not be listed
,	,	
cord specifies a delayed effect	ive date, but not an effective ti	me, at 12:01 a.m. on the earlie
e 90th day after the record is f	îled.	
March 8th	2018	
	—-, ——-∦ /- ·)	
	/ 1/4	

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Filing Fee: \$25.00