15000197481

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	—
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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.Incserv.com e-mail: accounting@incserv.com

ORDER FORM

FROM Melissa Stops TO Florida Department of State Division of Corporations, Clifton mstops@incserv.com Building 850.656.7953 2661 Executive Center Circle Tallahassee, FL 32301 corphelp@dos.myflorida.com 850-245-6051 OUR REF # (Order ID#) 741283 REQUEST DATE 5/8/2019 **PRIORITY** Routine **ORDER ENTITY** EVERDEEN LLC 2019 HAY PLEASE PERFORM THE FOLLOWING SERVICES: 8 File the attached amendment 7

NOTES: \$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I2005000052

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.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 Company were filed on 11/23/2015 ____ and assigned Florida document number L15000197481

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 "LLC."

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)	
	T T
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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

, Florida

Zip Code

Page 1 of 3

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>	Name	Address	Type of Action
MGR	FERNANDEZ DE CORDOBA. RICARDO P, SR	848 Brickell Avenue	🖬 Add
		Suite 300	
			□ Remove
		MIAMI, FL 33131	Change
			🗆 Add
			Change
			Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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fective date. if other than the date of filing:			ڢ

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	May 7th	2019	
		· · /	
		•	
	1/H	Signature of a member or authorized representative of a member	
	Juan Ignacia Fraschini		
		Typed or printed name of signce	

Page 3 of 3 Filing Fee: \$25.00