46000083121

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	; #)
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COVER LETTER

	gistration Sec vision of Corp				
endirer.		N COACH & TRAVEL LLC			
SUBJECT:		Name of Limi	ted Liability Company	<u></u>	
The enclose	d Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please return	n all correspon	dence concerning this matter	to the following:		
		Awilda Camacho-Ruiz			
			Name of Person		
	EVERGREEN COACH & TRAVEL LLC				
			Firm/Company		
		2893 S. Osceola Ave Apt E	5-5		
			Address		
		Orlando, FL 32806			
			City/State and Zip Code		
		evergreencoachtravel@gma			
		E-mail address: ()	to be used for future annual report notif	ication)	
For further i	information co	ncerning this matter, please ca	ill:		
Awilda Can	nacho-Ruiz		407 443-7674		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for the	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVERGREEN COACH & TRAVEL LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	(A Florida Limited Liability Company)	—
The Articles of Organization for this Limited L Florida document number L16000083121	Liability Company were filed on 04/27/2016	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	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 appli	cable:	
(Principal office address MUST BE A STREA	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	Mor registered office address on our record office address here: Awilda Camacho-Ruiz	s, enter the name of the new
New Registered Office Address:	2893 S. Osceola Ave Apt E-5	B MA
New Registered Office Address.	Enter Florida street addre.	"
	Orlando , FI	orida 32806 S
	City	Zap Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as register	ed agent and agree to act in this capacity. I fu	orther 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

Title	<u>Name</u>	Address	Type of Action		
AMBR	Awilda Camacho-Ruiz	2893 S. Osceola Ave Apt E-5	⊟ Add		
		Orlando, FL 32806	□ Remove		
			☐ Change		
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	cifies a delayed ly after the reco		late, but r	ot an effec	tive time, a	t 12:01 a.	m. on th	ne earlie	er o
ted	5/7		2018	<u> </u>					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00