# 116000172375

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/Śtate/Zip/Phone	e #)
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(Do	ocument Number)	·
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C. GOLDEN JUL 2 4 2019

# **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:		EVE AGENCY, LLC		
SOBJECT.		Name of Limit	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	dence concerning this matter	to the following:	
		Albert Williams		
			Name of Person	
			Firm/Company	
		117 Casa Cir		
			Address	
		Jupiter, FL 33458		
		cwilliams@achieveagency.c	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report not	ification)
For further in	nformation co	ncerning this matter, please ca	all:	
Albert Willia			561 346-0564 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 F	iling Fee	S30.00 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:

TO:

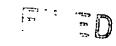
Registration Section

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



THE ACHIEVE AGENCY, LLC

2019 JUL 15 PM 5: 23

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

	00/14/2016	
he Articles of Organization for this Limited Liability Company	were filed on 09/14/2016	and assigned
lorida document number L16000172375		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ONPROFIT ADVISORS, LLC		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
nter new principal offices address, if applicable:	2000 Palm Beach Lakes Blvd, Suite	901
Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL 33409	
Enter new mailing address, if applicable:	PO BOX 4082	
Mailing address MAY BE A POST OFFICE BOX)	West Palm Beach, FL 33402	
<u> </u>	· · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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 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
			D.A.dd
			🗀 Remove
			Change
			Add
		<del></del>	□ Remove
		<del></del>	☐ Change
			□ Add
			□ Remove
			☐ Change
		<del></del>	
			Remove
	<del> </del>	Change	
		□ Add	
		☐ Remove	
	·	Change	
			Add
			☐ Remove
			C. C. Lauren

(If an e <u>Note</u>	tive date, if other than the date of filing:
(b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
	1 July 1
Dated	