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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
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COVER LETTER

	Registration Division of G	Section Corporations		
CUBIC		REEN MILES INVESTMENTS LLC		
SUBJEC		Name of Limited Liability Company		
The enclo	osed Articles	of Amendment and fee(s) are submitted for fitting.		
Please ret	urn all corre	spondence concerning this matter to the following:		
		DAVID CACEROS		
		Name of Person		
		DAVCA INC		
		Firm/Company		
		18503 PINES BLVD STE 310		
		Address	17 17	
		PEMBROKE PINES FL 33029	·	
		City/State and Zip Code	. l	_
		david@davcainc.com	(9	
		E-mail address: (to be used for future annual report notification)		_
For furthe	er informatio	n concerning this matter, please call:		
DAVID (CACEROS	954 837-8165 at ()		
	Nan	ne of Person Area Code Daytime Telephone Number		
Enclosed	is a check fo	or the following amount:		
□ \$25.0	0 Filing Fee	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	c of Status &	
	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		
		ahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVERGREEN MILES INVESTM		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{03}{1}$	3/12/2017 and assigned
lorida document number L17000058580		
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
!		
he 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 STRE	ET ADDRESS)	7
		F - E - T
		(3)
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>	
		<u> </u>
		,•
 If amending the registered agent and egistered agent and/or the new registered of 		our records, enter the name of the s
Name of New Registered Agent:	DAVCA INC	
New Registered Office Address:	18503 PINES BLVD STE 310	
	Enter Flo	rida street address
	PEMBROKE PINES	, Florida ³³⁰²⁹
	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			Change
			Remove
			Change
			
	,		□ Change
			□ Remove
			□ Remove □ Change □
			Add ☐ ☐ Remove
			□ Change
			
			☐ Remove
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	<i>y.</i> 7	
		
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	T: 08	
Effective date, if other than the date of filing:) 3.) Pursuant to 605.9	
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.	on the earlie	r of
Dated Avgust 3 2017		
Signature of a member of authorized representative of a member	 	
David (aceros Typed or printed name of signce		