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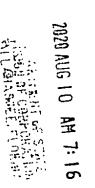
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SEP 2 8 2020 S. YOUNG



COVER LETTER

TO: Registration Sec Division of Corp		-	
SUBJECT:	Orever En	Extrament,	LLC_
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
		Jacob Carn Name of Person	
	3690 W	Firm/Company It Ave - Address FL 3	# 127246
	Hialeah	FL 3	3012
	Jacob @ E-mail address: (1	City/State and Zip Code iacob for lever be used for future annual report notific	contration)
	ncerning this matter, please ca		
yordan y	Jacob Carm	Mile al (305) 33	3 – HODI Telephone Number
Enclosed is a check for the		, , ,	
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8735 NW. 159 Street Miami Lakes Ft. 33018
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3690 W: 18 AVE # 127244 Hialeuh Fl. 33012
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	n/A
New Registered Office Address:	Enter Florida street address
	, Florida

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>	Name	Address	Type of Action
		 	□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
		□Change	
<u> </u>			□Add
			Remove
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		□Add	
		□Remove	
		□ Change	
		□Add	
		□Remove	
			□Change

Page 2 of 3

. It amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
	 -
	
-	
Note: If the	date, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a day after the record is filed.
Dated	august 3rd. 2020
_	Signature of a member or authorized representative of a member
	The Levil Talob Cannevates

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Filing Fee: \$25.00