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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:E	Versons Fib Name of Limi	per Optics Lotted Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Brio	an P. Everson Name of Person	
		Name of Person	
		Firm/Company	
	401	• •	4.
	701	Shady Pine C	· · · · · · · · · · · · · · · · · · ·
	mina	eola, Fl. 3471 City/State and Zip Code	15
	Bricon E-mail address: (1	City/State and Zip Code PEverson @ Hofn to be used for future annual report notif	nail. Com
For further information c	oncerning this matter, please ca		
Brian Name o	Everson f Person	at (352) 348 Area Code Daytimo	8-8207 e Telephone Number
Enclosed is a check for the	he 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

2017 SEP 25 PM 3:25 **OF** Eversons Fiber Optics LLC Whym.

(Name of the Limited I	iability Company as it now appears on our records.) Florida Limited Liability Company)	TANKSSEE, STOPIO.
The Articles of Organization for this Limited Liabi Florida document number		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company." the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, energisteres here:	iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid:	a
	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

II amending Authorized rerson(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
AMBR	Sara E. Everson	401 Shady Pine Ct.	🗆 Add
		401 Shady Pine Ct. Minneola, Fl. 34715	Remove
			Change
			Add
			Remove
			Da Change
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			TAI LAMASSEE EVILLE
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If an effective date is listed, the date Note: If the date inserted in the	e must be specific and cannot be prior to nis block does not meet the applicab he Department of State's records.	date of filing or more than 90 days	optional) s after filing.) Pursuant to 605.0207 s, this date will not be listed as
he record specifies a dela The 90th day after the	ayed effective date, but not record is filed.	an effective time, at 12:	01 a.m. on the earlier of
Dated <u>Septemb</u>	per 18 2017	zed representative of a member	

Page 3 of 3

Filing Fee: \$25.00