

## 48000094391

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
EVERYBO	DDY 360 WINS, LLC				
SUBJECT:	SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Lise Tresp				
		Name of Person			
	Stanfield & Dupre, PLLC				
		Firm/Company	<del>-</del>		
	2170 Buckthorne Pl. Ste 10	60			
		Address	<del></del>		
	The Woodlands, TX 77380	)			
		City/State and Zip Code			
	lise@stanfielddupre.com				
	E-mail address: (	to be used for future annual report noti	fication)		
For further information of	concerning this matter, please ca	all:			
Lise Tresp		832 482-4622			
Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for t	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		<u>Street Address:</u> Registration Se	ction		
Division of C		Division of Cor			
P.O. Box 632	•	The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVERYBODY 360 WINS, LLC					
(Name of the Lim	ted Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	)		
The Articles of Organization for this Limited I Florida document number L18000094391	and assigned				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:			
		. <del></del>			
The new name must be distinguishable and contain the	words "Limited Liabi		or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		95015 Willet Way			
Principal office address MUST BE A STREET ADDRESS)		Fernandina Beach, FL 32034	·		
			2027		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		1417 Sadler Road #335	HE T		
		Fernandina Beach, FL 32034	2 · ·		
			min I		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter t</u>			
Name of New Registered Agent:					
New Registered Office Address:	95015 Willet V	Vay			
	Enter Florida street address				
	Fernandina Beach Florid		da <sup>32034</sup>		
		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, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			DAdd
			□ Remove
			□Change
			□Add
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Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be does not meet the ap tment of State's reco	oplicable statutory ords.	or more than 90 days a filing requirements,	this date will not be l	isted as (
record specifies a delayed effective da d is filed.	te, but not an effecti	ve time, at 12:01 a	.m. on the earlier of	: (b) The 90th day a	fter the
November 20	2024				
Dated		ile Reper			

• • •

Filing Fee: \$25.00