## 118000098074

(Re	equestor's Name)	_
(Ac	idress)	<del></del>
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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(De	ocument Number)	
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## **COVER LETTER**

TO:	Registration Sec Division of Corp					
CHRIF	CT	EVer last p	2001S 11.C			
SUBJE	<u>.</u>		ited Liability Company	<del></del>		
The eak	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspor	ndence concerning this matter	to the following:			
		Jeffe	VY Jenuins Name of Person			
		Eye	Y AST POOKS LL Firm/Company	<u>C</u>		
		58 rymsr	ICIW DVIVE		20 AFR	1515 2157 1510
		<u> </u>	Oly/State and Zip Code	2164	FR 16	
			HUNN 88 @ YCIN 00. C	om	∰ :: 3.2	OFF ST
For fur	her information co	oncerning this matter, please ca	•	,	<b>د</b> ب د	ATIO:
	PEFERY JE Name of	In LINS Person	at (386) 5852 Area Code Daytime	793 : Telephone Number	_	·
Enclose	ed is a check for the	e following amount:				
□ \$2:	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing For Certificate of S Certified Copy (additional copy is	tatus &	

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

EVIV (CU+	- YOUIS CCC	PR PRINCE
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	5 CAR
The Articles of Organization for this Limited Liability Comp	any were filed on 419120	and assigned
Florida document number <u>L18000098074</u>		مِيِّةِ هِرَّةِ اللهِ
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del></del>	, Florida	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>	Address	Type of Action
wgr	Jeffery Jenkins	58 njmmaw drive Palmacast fr 32144	_ Drod
			□ Remove
	$\circ$		□Change
MA	Steven Dunn	58 rymsnaw driv palm (000+7	_ Dadd C32144 _ □Remove
		<del></del>	□Change
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			□Remove
			□ Change

II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
lf an ei <u>Note:</u>	tive date, if other than the date of filing:
e reco rd is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	April 8 . 2020 .
	Au Air
	Signature of a member of authorized representative of a member
	<u>Jeffen</u> Jenkins
	Typed or printed name of signee