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COVER LETTER

Divi	ision of Corpo	orations					
SUBJECT:	EVH Strong	and Wild, LLC.					
		Name of Limit	ted Liability Company				
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.				
Please return	all correspond	dence concerning this matter to	o the following:				
		Danhee Bhakta					
Name of Person							
		EVH Strong and Wild, LLC	2.				
	Firm/Company						
		5070 Highway A1A Ste 290	0				
			Address				
		Vero Beach, FL 32963					
			City/State and Zip Code				
		danheebhakta@gmail.com					
		E-mail address: (to	be used for future annual report notification	ition)			
For further in	formation con	cerning this matter, please cal	II:				
Kamini Patel			305 972-0639 at ()				
	Name of P	erson	at () Area Code Daytime To	elephone Number			
Enclosed is a	check for the	following amount:					
□ \$25.00 Fi	iling 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:

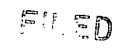
Registration Section

TO:

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 OF



2019 JUL -5 PH 4: 03

EVH Strong and Wild, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li.	ability Company were filed on 5/17/2018	and assigned
Florida document number L18000124432		•
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
EVHE Strong and Wild, LLC		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE)	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/or the registered agent and/or the registered agent.)	or registered office address on our records,	enter the name of the nev
registered agent and/or the new registered of	nce address nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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 = M $AMBR = M$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Page 3 of 3

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