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(Re	questor's Name)	
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FILED SECRETARY OF STATE DIVISION OF CORPORATION

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COVER LETTER

TO: Registratio Division of	n Section Corporations
SUBJECT:	CVOIGHEN HOY SENIOS LLC
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corr	espondence concerning this matter to the following:
	Lehn E. Abranis Name of Person
	APADICI, Mathony & Eagen, P.A.
	1005 E Rabinson St-#730
	City/State and Zip Code Labams (a Ameoll. Com E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
<u> </u>	me of Person at (LO7 841-1850) Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing Fe	Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahussee, 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

Evergreen Home Services LLC		
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)	
The Articles of Organization for this Limited Liability Company were file Florida document number L18000152667	ed on <u>06/21/2018</u> and assig	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		2
Principal office address MUST BE A STREET ADDRESS)	©	1810
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	70	2000 2000 2000
Enter new mailing address, if applicable:		∰ç.
Mailing address MAY BE A POST OFFICE BOX)	2:	<u> </u>
	56	0.0
B. If amending the registered agent and/or registered office address here:	dress on our records, enter the name o	f the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Chelsie Flynn	2806 Harrison Avenue	Add
		Orlando, FL 32804	_ ■ Remove
			☐ Change
			Add
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lote: If the di	e, if other than the date is listed, the date must late inserted in this blockfective date on the Dep	ck does not r	meet the appli	icable statutor	ng or more than 9 y filing require	(option D days after fir ments, this d	nal) ling.) Pursuan late will not	t to 605.03 be listed
record sp The 90th (pecifies a delayed day after the reco	effective of the filed.	date, but n	ot an effec	tive time, at	12:01 a.i	m. on the	earlier
ated	July 2"	, d 	. Zol	f 1				

Page 3 of 3

Filing Fee: \$25.00