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## **COVER LETTER**

Division of Corp	orations		
SUBJECT: EV	Day S Name of Lim	Project LLC	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Mary	Y Day 15 Name of Person	
	Every	Day Sprit	, LLC
	104 S.	Carmel Ct	·
	Vero 1	Beach, FL City/State and Zip Code  1 Spirit @ ve to be used for future annual report notif	32963
	E-mil address: (1	Spirit @ ve	reizon. Net
For further information cor	ncerning this matter, please co	all:	
Name of I	Davis Person	at ( <u>772</u> ) <u>482</u> Area Code Daytime	-6590 e Telephone Number
Enclosed is a check for the	following amount:		
<b>■</b> \$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

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

Every Day	Spirit	, LLC
( <u>Name of the Limited Liability Cof</u> npan (A Florida Limited Li	<u>iy as<b>v</b>t now appears of</u> iability Company)	1 our records.)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L.1800017925</u> 5	were filed on $3$	-14-19 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the desig	nation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
		يت و
Enter new mailing address, if applicable:		ं स
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:		ir records, enter the name of the new
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 agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my rovided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = M $AMBR = A$	lanager uthorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
M6R	Mary Davis	6001 HWY AIA, PMB 8035 Add
	,	Indian River Shores, PL - Remove
		32963 Change
ngr	Maya Davis	6001 HWY AIA, PMB 8035 W Add
		Indian River Shores, FL - Remove
		32963 Change
<del></del>		Add
		Remove
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<u>.</u>		
		Remove
		□ Change

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(If an effect Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	Signature of a member of a member
	Typed or printed name of signed

Page 3 of 3

Filing Fee: \$25.00