L1900000 7654

(Requestor's Name)	
(Address)	500346065
(Address)	
(City/State/Zip/Phone #)	
	06/15/2001032
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	N 1 1 4
Office Use Only	



205

012 **30.00

न पाइक्ष

Munu chx

I ALBRITTON

COVER LETTER

· TO: Registration Section

Tallahassee, FL 32314

Division of Cor	rporations	•	
Everlastin	g Claims Specialist LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Karen Sanchez		
		Name of Person	
	Everlasting Claims Specia	alist LLC	
		Firm/Company	
	2480 NW 55 TERR		
		Address	
	Miami, FL 33142		
		City/State and Zip Code	
	karenisanchez@outlook.co		
	E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	att:	
Karen Sanchez		954 505-0908	
Noma	f Person	at ()	ime Telephone Number
ivame o	r retson	Area Code Dayti	ime Telephone Number
Enclosed is a check for th	ne 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 Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration S Division of Co	
P O Roy 632	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



granice of the 2:00

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2020

KAREN SANCHEZ 2480 NW 55 TERR MIAMI, FL 33142

SUBJECT: EVERLASTING CLAIMS SPECIALIST LLC

Ref. Number: L19000007654

We have received your document for EVERLASTING CLAIMS SPECIALIST LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L10000015028 - GRACE THERAPIES, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 920A00014673

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Everlasting Claims Specialist LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on ou ability Company)	r records.)	
The Articles of Organization for this Limited Liability Company v Florida document number	vere filed on	7, 2019	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
Everlasting Therapy LLC			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation	on "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			18
Enter new mailing address, if applicable:			. 3
(Mailing address MAY BE A POST OFFICE BOX)			•
-			
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	dress on our records,	, <u>enter the name c</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	·	, Florida	
	Ciņ		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree 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.	erformance of my dud covided for in Chapter	ties, and I am fan r 605, F.S. Or, if	niliar with and this document is

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
			□Remove
			□Change
		***************************************	□Add
			□Remove
		-	□Change
			□Add
			□Remove
			□Change
			□ Add
			□Change
			□ Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
			□Add
			□Remove
			□ Change

_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
fectiv	re date, if other than the date of filing: (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
<u>ote:</u> I	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cume	nt's effective date on the Department of State's records.
اسمما	manifest and allowed affective data has not as affective time at 1200 and as the section of the The Ooth data for the
is file	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 d.
ited _	une 10th 2020

Typed or printed name of signee