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COVER LETTER

TO: Registration So Division of Cor			
CHAIR COR	INVES		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	ANZA at (
Please return all correspo	ondence concerning this matter	to the following:	
		SHANNON CARRANZA	
		Name of Person	
		Firm/Company	
	8.	51 S SR 434, SUITE 1070-407	
		Address	
	ALT.	AMONTE SPRINGS, FL 32714	
			
		•	tification)
For further information of	concerning this matter, please co	·	meanon
SHAN	NON CARRANZA		
Name c	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			ection
Division of C			
P.O. Box 632			
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2020 J 29 PH 12: 44

	EVEST WEIS LLC
(A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on January 22nd, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new register</u> e
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 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	BRIAN PEREIRA	851 S SR 434, Suite 1070-407, Altamonte Springs, F	l. ≣Add
			□Remove
			□Change
AMBR	LISA PEREIRA	851 S SR 434, Suite 1070-407, Altamonte Springs, F	L ■Add
	•		□Remove
			□Change
			🗀 Add
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			□Remove
			□ Change

	
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ective date, if other than the date of filing:	o 605.020 : listed a:
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day is filed.	after the
ed January 27th 2020	
Chaunon Carranza	
Signature of a member or authorized representative of a member	_
${\cal J}$ Shannon Carranza	

Filing Fee: \$25.00