LIACCIC HIDISTS

(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
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COVER LETTER

	Registration So Division of Co			
SUBJEC	Everyday A	Active LLC		
SODJEC	···	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Vicki Ebanks		
			Name of Person	
		Everyday Active LLC		
			Firm/Company	
		105 Longwood Street		
		Saint Johns, FL 32259	Address	
		vebanks58@gmail.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furth	er information of	concerning this matter, please ca	all:	
Vicki Et	anks		904 383-8404 at ()	
-	Name o	of Person		Telephone Number
Enclosed	is a check for t	he following amount:		
□ \$ 25.0	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:

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

Everyday Active LLC

(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records. Limited Liability Company))
the Articles of Organization for this Limited Liability Colorida document number 1.19000045678	ompany were filed on 2/14/2019	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
ne new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRE	ESS)	
		<u> </u>
iter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
		30
If amending the registered agent and/or registored agent and/or the new registered office address.		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	Citv	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR =	 Authorized 	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Joshua Heintz	166 S 200 F. Orem UT 84058	= Add
			C Remove
			☐ Change
		 	
		<u> </u>	□ Remove
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C. Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	block does not meet the applicat	odate of filing or more than 90 of ole statutory filing requirement	_ (optional) days after filing.) Pursuant to 605.0207 (3)(ents, this date will not be listed as the
f the record specifies a delaye b) The 90th day after the rec		an effective time, at 1	2:01 a.m. on the earlier of:
Dated March 26	2019		
	cEbanks		

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Typed or printed name of signee

Filing Fee: \$25.00