

L190000 77577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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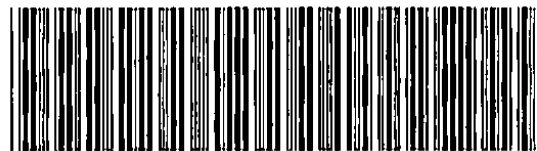
(Business Entity Name)

(Document Number)

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SEP 26 2019

2019 SEP 17 PM 1:44

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EVERAUTO LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAROLINA PLIKAITYTE

Name of Person

EVERAUTO LLC

Firm/Company

1970 NE 153RD ST UNIT 1

Address

NORTH MIAMI BEACH FL 33162

City/State and Zip Code

support@everauto.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAROLINA PLIKAITYTE

954

4612263

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

TO
ARTICLES OF ORGANIZATION
OF

EVERAUTO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 SEP 17 PM 1:14

The Articles of Organization for this Limited Liability Company were filed on 3/20/2019 and a
Florida document number L19000077577.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name
registered agent and/or the new registered office address here:**

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	KAROLINA PLIKAITYTE	1970 NE 153RD ST UNIT 1 NORTH MIAMI BEACH FL	<input checked="" type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> Re
			<input type="checkbox"/> Ch
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			<input type="checkbox"/> Rem
			<input type="checkbox"/> Chan
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Chang

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(b) The 90th day after the record is filed.

Dated SEPTEMBER 15, 2019

Signature of a member or authorized representative of a member

KAROLINA PLIKAITYTE

Typed or printed name of signee