119000080161

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(Business	s Entity Name)		
(Docume	nt Number)		
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2023 SEP 13 PM 1:12

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COVER LETTER

K.	stration Sec sion of Corp			, ·
CLUB LE OF		DES INTERNATIONAL LLC		
SUBJECT: _		Name of Lim	ited Liability Company	-
The enclosed i	Articles of A	imendment and fee(s) are sub	omitted for filing.	
Please return a	ill correspon	dence concerning this matter	to the following:	
		KIMIKA LOBBAN		
			Name of Person	
		EVERGLADES INTERN.	ATIONAL LLC	
			Firm/Company	
		1121 SOUTH MILITARY	TRAIL, #432	
			Address	
		DEERFIELD BEACH, FI	. 33442	
		-	City/State and Zip Code	
		clarelbaileyconsulting@gm		
		E-mail address: t	to be used for future annual report notific	cation)
For further info	ormation co	ncerning this matter, please co	all:	
KIMIKA LOF	BAN		404 597-9069 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a c	heck for the	following amount:		
□ \$25.00 Fill	ing Fee	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ARTICLES OF C	F	
- The state of the	- 2023	SERTLED
EVERGLADES INTERNATIONAL LLC	Sin	2p/3 PM
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	SEP 13 PM 1:12
The Articles of Organization for this Limited Liability Company	were filed on March 22, 2019	and assigned
Florida document number <u>L19000080161</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi		
		ation "L.L.C.
Enter new principal offices address, if applicable:	1121 SOUTH MILITARY TRAIL. #432	
(Principal office address MUST BE A STREET ADDRESS)	DEERFIELD BEACH, FL 33442	
Enter new mailing address, if applicable:	1121 SOUTH MILITARY TRAIL., #432	-
	DEERFIELD BEACH, FL 33442	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of</u>	the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	ip 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, 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
MGR	ROBERT WHITE		□Add
		8820 NW 37TH DR, CORAL SPRINGS. FL 33065	□Remove
MGR	MARK ANTHONY WHITE	7943 CATALINA CIRCLE, TAMARAC, FL 33321	= Add
			_ □Remove
			= Change
			_ □Add
			_ □Remove
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	ock does not meet the applic	able statutory filing requ	(optional) n 90 days after filing.) Pursua irements. this date will no	ant to 605.0207 (3 ot be listed as th
ne record specifies a delayed effective ord is filed.	e date, but not an effective ti	ime. at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
Dated SEPTEMBER 7	2023			
	Signature of a member or author	private representation of a m	ember	
		LOBBAN ed name of signee		

Confact # 404-597-9069

Return Address:

Everglades International LLC 1121 South Military Trail

#432

Deerfield Beach, FL 33442

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations EVERGLADES INTERNATIONAL LLC SUBJECT: 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: KIMIKA LOBBAN Name of Person **EVERGLADES INTERNATIONAL LLC** Firm/Company 1121 SOUTH MILITARY TRAIL, #432 Address DEERFIELD BEACH, FL 33442 City/State and Zip Code clarelbaileyconsulting@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KIMIKA LOBBAN 404 597-9069 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810