## L19000123275

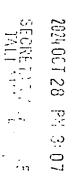
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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10/28/24--01024--017 \*\*25.00



Cover letter

return address 7280 NW 112th Ave. Doral, Florida 33178

phone: 7864439521

name: Stephany bulnan



## **COVER LETTER**

TO:

TO: Registration S Division of Co				
LOVERE	VEL LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	STEPHANY GUINAN			
		Name of Person		
	<del> </del>	Firm/Company		
	7280 NW 112TH AVE			
		Address		
	DORAL, FLORIDA 3317	8		
	SGUINAN002@GMAIL.C	City/State and Zip Code		180
	E-mail address: (	to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all:		-7
STEPHANY GUINAN		786 4439521 at ()		
Name	of Person	Area Code Daytim	e 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)	Certified C	of Status &
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Second Division of Coron The Centre of Tallahassee, FL	porations fallahassee e Street, Suite 810	)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOVEKEVEL LLC	
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)
he Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{5/07/2019}{}$ and assigned
lorida document number L19000123275	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited	liability company here:
EVERGEN DIGITAL LLC	
he new name must be distinguishable and contain the words "Limited I	liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	7280 NW 112TH AVE DORAL, FLORIDA 33178
Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7280 NW 112TH AVE DORAL, FLORIDA 33178
	- · · · · ·
<ol> <li>If amending the registered agent and/or registered off gent and/or the new registered office address here:</li> </ol>	ice address on our records, enter the name of the new reg
<del></del>	
Name of New Registered Agent:	<b>لــ</b> ــ ــ: نــ
New Registered Office Address:	
new negistered Office Address.	Enter Florida street address
	Florida

## New Registered Agent's Signature, if changing Registered Agent:

LOWEDEWELLIC

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.

City

Zip Code

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>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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ective date, if other than the date of filing:	3/2024	(opt	tional)
effective date is listed, the date must be specific and cannot e: If the date inserted in this block does not meet the	be prior to date of fil applicable statuto	ng or more than 90 days after	er filing.) Pursuant to 605.02
ument's effective date on the Department of State's r			
			4. The ood de card
cord specifies a delayed effective date, but not an effe s filed.	cuve ume, at 12:0	i a.m. on the earner of: (	(b) The 90th day after th
OCCUPANTA OF			
ed OCTOBER 23 , 2024			
A			
		entative of a member	