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(R	equestor's Name)	
(Ac	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
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## **COVER LETTER**

TO: Registration Division of	on Section Corporations	
	. EVF	ER BLOOM LLC
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.
Please return all corr	respondence concerning this matter	to the following:
	D.	ANIELA R. JIMENEZ FLOR
		Name of Person
		EVER BLOOM LLC
		Firm/Company
		1490 MEMOLI LANE, APT A5
		Address
		FORT MYERS, FL. 33919
		City/State and Zip Code
		everbloom2022@gmail.com
	E-mail address:	(to be used for future annual report notification)
For further informati	ion concerning this matter, please o	call: $\frac{\omega}{\omega}$
DANIEI	.A.R. JIMENEZ FLOR	239 600 - 8667 E2
Na	me of Person	at (
Enclosed is a check	for the following amount:	
■ \$25.00 Filing Fe	ce S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy Godditional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	of Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EVER BL	JOOM LLC		
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears Liability Company)	s on our records.)	<del></del>
The Articles of Organization for this Limited I  Torida document number	, , ,	were filed on	05 / 09 / 2019	and assigned
his amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name of	of the limited liab	oility company he	<u>re</u> :	
LIFE OIL SWFL LLC				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or the al	breviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)		N/A		
		N/A		
Inter new mailing address, if applicable:		N/A		
<u>Mailing address MAY BE A POST OFFICE</u>	BOX)	N/A		
		N/A		( - ( - man-r)
3. If amending the registered agent and/or igent and/or the new registered office addro		address on our re	cords, <u>enter the nam</u>	
Name of New Registered Agent:	N/A	<del></del> -		9: 38 FL
New Registered Office Address:	N/A			*
		Enter Flori	da street address	
	N/A		Florida N	Λ
	<del></del>	Сиу	- · <del></del>	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, Sig	nature 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

Title	<u>Name</u>	Address	Evpe of Action
			_ 🗆 Add
	•		_ □Remove
			_ □Change
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			_ □Remove
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rective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date  te: If the date inserted in this block does not meet the applicable seminent's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, a is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted JANUARY 19 2024	
Product	
	representative of a member

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