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COVER LETTER

SUBJECT:	
N. Chi a Marina	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	The Control of the Co
Please return all correspondence concerning this matter to the following:	- C
JOEL JARDINES NUNEZ	í.
Name of Person	
EVERGROW LLC	
Firm/Company	
4317 NE 21ST AVE 1	
Address FORT LAUDERDALE, FLORIDA 33308	
City/State and Zip Code JOELJARDINES90@GMAIL.COM	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
JOEL JARDINES NUNEZ 954 5344338 at ()	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	OF	
EVERGROW LLC		and assigned
	iability Company as it now appears on our records.) lorida Limited Liability Company)	10 10 10 10 10 10 10 10 10 10 10 10 10 1
(A.F.	iorida Limited Liability Company)	9
The Articles of Organization for this Limited Liabil	ity Company were filed on AUGUST 12, 2019	and assigned 🕏
Florida document number L19000203917		The state of the s
This amendment is submitted to amend the following	ag:	
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 "L.L.C."
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>e</u> address here:	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
· ————	Enter Florida street address	
_	, Florid	a
	City	Zip Code

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>	<u>Address</u>	Type of Action
AMBR	JOEL JARDINES NUNEZ	4317 NE 21ST AVE 1 FORT LAUDERDALE, FL 33308	
			Remove
			D Change
			D Add
			Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			Change
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			🗖 Remove
			☐ Change

D. If amending any other informat	ion, enter change(s) here	: (Auacn againonai s	neets, if necessary.)	
				
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C. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applica	to date of filing or more that ble statutory filing requ	(optional) n 90 days after filing.) Pursuant irements, this date will not b	to 605.0207 (3)(c listed as the
the record specifies a delayed The 90th day after the reco	effective date, but not ord is filed.	an effective time,	at 12:01 a.m. on the ϵ	earlier of:
Dated OCTOBER 5	2019	<u> </u>		
	alen			
	Signature of a member or author	rized representative of a m	ember	_
JOEL	JARDINES NUNEZ			
		d name of signee		-

Page 3 of 3

Filing Fee: \$25.00