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COVER LETTER

	egistration Se ivision of Cor		
orth th off	Everyone W		
SUBJECT	`:		nited Liability Company
The enclos	ed Articles of a	Amendment and fee(s) are sub	omitted for filing.
Please retu	rn all correspo	ndence concerning this matter	to the following:
		Dan A. Nicholson	
			Name of Person
		Everyone Wins LLC	
		*	Firm/Company
		175 Atz Road	
			Address
		Malabar, FL 32950	
		diesel_dann@yahoo.com	City/State and Zip Code
			to be used for future annual report notification)
For further	information co	oncerning this matter, please c	all:
Dan A. Nie	cholson		907 223-8088 at ()
	Name of	Person	Area Code Daytime Telephone Number
Enclosed is	a check for th	e following amount:	
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
R D P	egistration Sivision of Co. Box 632 allahassee, F	Section orporations 7	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

Everyone Wins LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our reco ability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on <u>08/26/2019</u>	and assigned
Florida document number 1900/210326		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L	LC" or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here: Name of New Registered Agent:	nddress on our records, <u>en</u>	ter the name of the new registered
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	•	Lip Civile
New Registered Agent's Signature, if changing Registered Agent:	•	
provisions of all statutes relative to the proper and complete	perjormance of my auties woolded for in Chanter 6	05. F.S. Or, if this document is
company has been notified in writing of this change.		A A
		1
		S You Double and Audin
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/26/2019 and assigned iterated accept the new name of the limited liability company here: 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 "LLC." There new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new 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 of the new register agent and/or the new registered force address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Liberty accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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 60, 5 F. 5, or, if this document is being filed to merely reflect a change in the registered affects. I hereby confirm that the limited liability company has been notified in writing of this change.		

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
AMBR	Dan A. Nicholson	175 Atz Road	∐Add
		Malabar, FL 32950	□Remove
			■Change
AMBR	Ann M. Hill	175 Atz Road	□Add
		Malabar, FL 32950	□Remove
			■ Change
			[] Add
		□Remove	
			☐Change
			Remove
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effective date is listed, the date mu e: If the date inserted in this b	ist be specific and cannot be	prior to date of filing or	more than 90 days after i	filing.) Pursumt to 60)5.0
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ord specifies a delayed effecti	ve date, but not an effecti	ive time, at 12:01 a.m	on the earlier of: (b)	The 90th day aft	er t
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March 01	2021			•	
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 ~~~~ -	Ciaman Camana	authorized representativ	e of a member		

Filing Fee: \$25.00