LZ0000139129

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COVER LETTER

TO: Registration Division of	Section Corporations						
Evergre	en C, LLC						
SOBJECT.	UBJECT: Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Statemo	ent of Correction and fee(s)	are submitted for filin	g.				
Please return all corre	espondence concerning this	matter to the followin	g:				
Kate Smith, Esquire							
	Name of Person		-				
Kate Smith Law							
	Firn/Company		_				
2639 Fruitville Road,	, Suite 103						
	Address		-				
Sarasota, FL 34237							
	City/State and Zip Code		_				
Kate@KateSmithLav	vFL.com						
E-mail address:	(to be used for future annua	l report notification)	_				
For further information	on concerning this matter, pl	ease call:					
Kate Smith		941 at (952-0550				
Nan	ne of Person	Area Code	Daytime Telephone Number				
P.O. Box 6	on Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check f	for the following amount:						
■\$25 Filing Fee	S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy				

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605 0209. F.S., this document is being submitted to correct a previously filed document

	it to section 603.0209, 1.3., this doc	-	•	ocument.		
<u>FIRST</u>	: The name of the limited liability c	ompany is:				
SECO!			ility company is: L20000139129)		
			IPLETE THE APPLICABLE	STATEMENT		
	Contains an incorrect statement. Statement are as follows:	The incorrect statement,	the reason the statement is inco	rrect, and the corrected		
	The Manager of the Company was	inaccuratly listed as Colle	en Brianna Barnard Irrevocable	Frust. The Manager at		
	the time of filing the Articles of Org	ganization on May 21, 20	20 was Bolton S. Drackett, Jr. Pl	ease correct the		
	Manager to Bolton S. Drackett, Jr.					
	<u>OR</u>					
Was defectively signed. The manner in which the document was defectively signed and the appropriate as follows:						
	OR The above of the second size of the					
u	The electronic transpossion of the	record was defective.	21	127/20		
	Signature of Authorized	I Representative	Date	:		
	re of new registered agent, if applicing the designation).	cable :(NOTE: if correct	ing the registered agent, the new	v registered agent must sign		
I hereb provisio obligati	egistered Agent's Signature, if chan y accept the appointment as register ons of all statutes relative to the pro- ions of my position as registered ag a change in the registered office addi- change.	red agent and agree to a pper and complete perfor ent as provided for in C	mance of my duties, and I am fo hapter 605, F.S. Or, if this docu	amiliar with and accept the ment is being filed to merely		
		Registered Age	nt's Signature			
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (ontional)			