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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

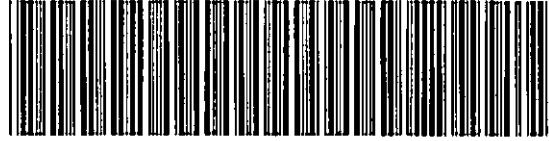
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2022 JAN 15 AM 10:55
STATE OF TEXAS
FALL COUNTY CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

EVERGREEN HEIGHTS, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathryn Sole, Esq.

Name of Person

Sole Law, PLLC

Firm/Company

555 5th Ave North

Address

St. Petersburg, FL 33701

City/State and Zip Code

Kathryn@sole-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn Sole, Esq.

727 490-9086

at ()

Name of Person

Area Code

Daytime 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

EVERGREEN HEIGHTS, LLC

(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 08/21/2020 and assigned
Florida document number 120000259324.

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."

Enter new principal offices address, if applicable:

1209 E. 26th Ave

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33605

Enter new mailing address, if applicable:

1209 E. 26th Ave

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, FL 33605

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

URS Agents, LLC

New Registered Office Address:

3458 Lakeshore Drive

Enter Florida street address

Tallahassee

Florida

City

32312

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.

URS Agents, LLC by: *Walt Thompson*, Assistant Secretary
If Changing Registered Agent, Signature of New Registered Agent


FILED
2022 NOV 15
TALLAHASSEE
FLA
CLERK OF CIRCUIT COURT

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

November 11 2022


Signature of a member or authorized representative of a member

Javier Benzeville
Typed or printed name of signee

Filing Fee: \$25.00