120000279704

(Requestor	's Name)
(Address)	· · · · · · · · · · · · · · · · · · ·
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	Number)
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SECRETARY OF STATE

A. BUTLER FEB 2 1 2022



zenbusiness

Feb 2, 2022

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

RE: EVENLE LLC

To Whom It May Concern:

Attached please find the executed <u>CERTIFICATE OF AMENDMENT</u>, for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc Attention: Kelly Castro 5511 Parkcrest Dr., Suite 103 Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at <u>fulfillment@zenbusiness.com</u>.

Thank you,

Kelly Castro ZenBusiness Customer Success

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2022 FEB -8 AM 6: 36

(Name of the Limited Liability Company as it now appears on our records) AHASSEE, FL

The Articles of Organization for this Limited Liability Florida document number 1.20000279704	Company were filed on 09/08/202	0 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	•	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address: Enter Florida		t address
		. Florida
	City	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 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	Ellis Christian	3102 Southwest Bicopa Place	□Add
		Palm City, FL 34990-7621	□Remove
			≣Change
AMBR	Reina Christian	3102 SW BICOPA PL	■ A d d
		PALM CITY, FL 34990	□Remove
			□ Change
			🗆 Add
			□Remove
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ffective date, if other than the date is listed, the date must Note: If the date inserted in this bloom	he specific and came k does not meet	the applicable	late of filing or mo	re than 90 days afte	onal) r filing.) Pursuant to o	505.0207 (isted as tl
ocument's effective date on the Dep	partment of State	s records.	·			
record specifies a delayed effective d is filed.	date, but not an e	ffective time	, at 12:01 a.m. o	n the earlier of: (l	o) The 90th day a	fter the
Pated February 02	· <u>2</u> 0	122				
_/s/ EUis Christias	1					
S	ignature of a memb	er or authorize	ed representative o	of a member		

Filing Fee: \$25.00