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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co				
SUBJECT: EU	enthing MAE 1 Name of Lim	imited Liability (Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	<u>Marilyu</u>	Eolie Name of Person		
	Everything	MAE, LLC Firm/Company		
	4500 Bayme	eadows Rd. APT 21	43	20 OC
	Jacksonuille			TARY OF CLORP F-2 AM
	every fring ma	eol o gmail-com to be used for fature annual report notif	ication)	STAI GRAII 9: 2
For further information of	concerning this matter, please ca	all:		VA OK
Many	u Edle of Person	at (904) 635- Area Code Daytime	50 50 Telephone Number	_
Enclosed is a check for t	he 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 F Certificate of S Certified Copy (additional copy is	Status &
Mailing Addre Registration	Section	Street Address: Registration Sec		
Division of C P.O. Box 63:		Division of Corp The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on __09.16.2020 Florida document number <u>L20000290277</u> 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: (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 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: New Registered Office Address: Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
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record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	September 28th 2020
ated_	
ated _	Signature of a member or authorized representative of a member