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(Requestor's Name)	
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PICK-UP WAIT MA	IL
(Business Entity Name)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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O SIMMONS DEC 14 2020

COVER LETTER

TO: Registration Section

Division of Cor	porations	e.	•*	
EVVISION	S. LLC			
SUBJECT:	Name of Lim	ited Liability Company	<u>.</u>	
		, ,		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	CDNSTAL EMEDITT			
	CK1317IL EVENETT	N. F.D.		
		Name of Person		
	EVVISIONS, LLC			
		Firm/Company		
	504 SW 1 CT, 103			
		Address		
	EVVISIONS, LLC Name of Limited Liability Company			
		City/State and Zip Code		
	-			
	E-mail address: (to be used for future annual re	port notification)	
For further information c	oncerning this matter, please c	all:		
CRYSTAL EVERETT			6728	
Name o	f Person		Daytime Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &	
				
-				
P.O. Box 6327				
Tallahassee, l	FL 32314	2415 N.	Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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EVVISIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited	d Liability Company)	
The Articles of Organization for this Limited Liability Companies Florida document number L2000317061	y were filed on 10/07/202	0 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	shility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designati	on "LLC" 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 agent and/or the new registered office address here:	e address on our records	, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
Trew Registered Office Address.	Enter Florida stre	et address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>	
I hereby accept the appointment as registered agent and ag	gree to act in this capaci	ity. I further agree to comply with th

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address 23.Ji. = 5 Pili	5: 26 Type of Action
MGR	CRYSTAL EVERETT	504 SW 1 CT.103	= Add
		POMPANO BEACH.FL 33060	□Remove
			□Change
AMBR	ISHMAEL EVERETT	504 SW 1 CT.103	
		POMPANO BEACH,FL 33060	■Remove
			□Change
			□Add
			□Remove
			□Change
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			Remove
			□Change
			
			□Remove
			Change
		 	□Add
			□Remove
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Filing Fee: \$25.00