# LZICCCC 13550

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| , ,                                     |
| (City/State/Zip/Phone #)                |
| (Ortyotate/Zip/i Hone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
| Germanies Gopies                        |
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| Special Instructions to Filing Officer: |
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Office Use Only



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### **COVER LETTER**

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TO:

Registration Section Division of Corporations

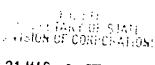
Tallahassee, FL 32314

| 4 EVERYO                               | GIRL LLC  |   |  |  |  |  |  |
|--|---|---|--|--|--|--|--|
| 30BJEC1                                | Name of Lin                                     | nited Liability Company   |  |  |  |  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub-                   | omitted for filing.   |  |  |  |  |  |
| Please return all correspo             | ondence concerning this matter                  | to the following:   |  |  |  |  |  |
|  | Crystal Welcome                                 |   |  |  |  |  |  |
|  |   | Name of Person  |  |  |  |  |  |
|  | 4 EVERYGIRL LLC                                 |   |  |  |  |  |  |
|  | Firm/Company                                    |   |  |  |  |  |  |
|  | 50 North Laura Street Suite 2500-#2614          |   |  |  |  |  |  |
|  | Address   |   |  |  |  |  |  |
|  | Jacksonville Fl, 32202                          |   |  |  |  |  |  |
|  |   | City/State and Zip Code   |  |  |  |  |  |
|  | CrystalWelcome.4everygirl                       |   |  |  |  |  |  |
|  | E-mail address: (                               | to be used for future annual report noti                            | fication)  |  |  |  |  |
| For further information e              | oncerning this matter, please c                 | all:  |  |  |  |  |  |
| Crystal Welcome                        |   | 800 654-2277<br>at ()   |  |  |  |  |  |
| Name of Person                         |   |   | e Telephone Number   |  |  |  |  |
| Enclosed is a check for the            | ne following amount:                            |   |  |  |  |  |  |
| □ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee &<br>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 Addres                         |   | Street Address:   |  |  |  |  |  |
| Registration S                         |   | Registration Sec  |  |  |  |  |  |
| Division of Corporations P.O. Box 6327 |   | Division of Corporations The Centre of Tallahassee                  |  |  |  |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 MAR -9 PA 4: 15

| 4 EVERYGIRL LLC  |  |   |  |
|--|--|---|--|
| (Name of the Limited Li  | ability Company                        | as it now appears on our records.) bility Company)                |  |
| ,,,,,  | 51104 13                               | o, cop=-,)  |  |
| The Articles of Organization for this Limited Liabili  | ty Company w                           | ere filed on January 4, 2021 and assigned                         |  |
| Florida document number G20000152768   | ······································ |   |  |
| This amendment is submitted to amend the followin  | g:                                     |   |  |
| A. If amending name, enter the new name of the   | limited liabili                        | ty company here:  |  |
| The new name must be distinguishable and contain the words   | Limited Liability                      | Company," the designation "L.L.C." or the abbreviation "L.L.C."   |  |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS) |  | 50 North Laura Street Suite 2500-#2614  Jacksonville Fl, 32202    |  |
|  |  |   |  |
| Jacksonville Fl. 32202   |  |   |  |
|  |  |   |  |
| B. If amending the registered agent and/or regist<br>agent and/or the new registered office address he   |  | dress on our records, <u>enter the name of the new registered</u> |  |
| Name of New Registered Agent:  |  |   |  |
| New Registered Office Address: 50  | North Laura St                         | reet Suite 2500-#2614   |  |
|  |  | 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.

City

Jacksonville

If Changing Registered Agent, Signature of New Registered Agent

Florida 32202

# If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: | Continue of C

MGR = Manager

AMBR = Authorized Member

## 21 MAR -9 PH 4: 15

| <u>Title</u> | Name            | Address                                      | Type of Action |
|--------------|-----------------|--|----------------|
| MGR          | Crystal Welcome | 6206 SW 10TH PL APT. A Gainesville FL, 32607 | <b>=</b> Add   |
|              |                 |  | □Remove        |
|              |                 |  | □ Change       |
|              |                 |  | □Add           |
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|              |                 |  | □Change        |

| At                         | nend business phone number to 1-800-654-2277  | THE MARK COMPONATION   |
|----------------------------|---|--|
| Ar                         | nend business email to CrystalWelcome@4everygirl.site   | 21 MAR -9 PH 4: 15   |
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|                            |   | ***  |
| fectiv                     | date, if other than the date of filing:   | (optional)   |
| n effec<br>o <u>te:</u> If | ive date is listed, the date must be specific and cannot be prior to date of fili<br>the date inserted in this block does not meet the applicable statuto<br>t's effective date on the Department of State's records. | ing or more than 90 days after filing.) Pursuant to 605,0207 ( |
| ecord :<br>is filed        | specifies a delayed effective date, but not an effective time, at 12:0.   | l a.m. on the earlier of: (b) The 90th day after the           |
| 3/<br>ited                 | 07/2021   |  |
|                            | A-1/11/   |  |
|                            |   |  |
|                            | Signature of a member or authorized represe   | entative of a member   |

Filing Fee: \$25.00