

121000051780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

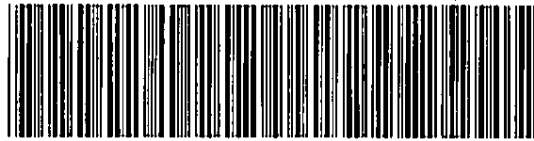
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/03/21--01009--005 **25.00

2021 JUL 12 AM 8:43

FILED

Nancy Ch 8

JUL 31 2021

ALBRITTON



RECEIVED

2021 JUL 28 AM 11:01

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2021

GYNA BIEN-AIME
4420 CAPITAL BLVD
ST CLOUD, FL 34769

SUBJECT: EVERGREE LIVING FACILITY LLC
Ref. Number: L21000051780

We have received your document for EVERGREE LIVING FACILITY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE CHECK THE CHANGE OF THE NAME SPELLING, THE NAME LISTED TO CHANGE TO IS ALREADY THE NAME OF ENTITY ON OUR RECORDS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 621A00015310

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Evergreen Living Facility LLC
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:

Gyna Bien-Aime
Name of Person

Evergreen Living Facility
Firm/Company

4470 Capital Blvd
Address

Saint Cloud FL 34769
City/State and Zip Code

Gyna0277@gmail.com / Admin@Evergreenlivingfacility
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gyna Bien-Aime at (954) 696-0769
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Living Facility LLC

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

FILED
2021 JUL 12 AM 8:43
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
HARRIS, TEXAS

The Articles of Organization for this Limited Liability Company were filed on 1/20/21 and assigned
Florida document number L21000051780

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Evergreen Living Facility LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4420 Capital Blvd

Saint Cloud FL 34769

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

City, **Florida** 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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I am requesting to Amend my business name
from Evergree Living Facility to Evergreen Living
Facility LLC.

The correct spelling is Evergreen Living
Facility

E. Effective date, if other than the date of filing: _____ (optional)

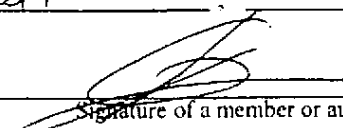
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated

5/28/2021


Signature of a member or authorized representative of a member

Gyna Bien-Hime

Typed or printed name of signee