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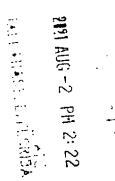
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Division of C			
	E. V.C. 116		
SUBJECT:	Everly le LL C Name of Limit	ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corres	spondence concerning this matter to	o the following:	
	Selena	Cook Name of Person	- , -
	Everlyfe	J.1C Firm/Company	
	10831 Premie	r Asc Address	
	lost Kicky, 11	City/State and Zip Code	
For further information	E-mail address: (to n concerning this matter, please cal	aning (Gmail. com be used for future annual report notif II:	ication)
<u>Selena</u>	Cook e of Person	at (<u>813</u>) <u>- 414 · 3</u> Area Code Daytime	: Telephone Number
Enclosed is a check fo	r the following amount:		. S·c
€ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		Street Address: Registration Sec	rtion
	Corporations	Division of Cor	porations
P.O. Box 6	327	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Everlyfe LLC		
(Name of the Lim	ted Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
he Articles of Organization for this Limited L	iability Company were filed on <u>06</u>	$\frac{I \cdot I_{b} / (3.03)^{3}}{I \cdot I_{b} / (3.03)^{3}}$ and assigned
orida document number 13,10001,800	39	
nis amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name o	of the limited liability company here	:
ne new name must be distinguishable and contain the	words "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
rincipal office address MUST BE A STRE	ET ADDRESS)	2. <u>2.</u> <u>2.</u> <u>1.</u> <u>2.</u> <u>1.</u> <u>1.</u> <u>1.</u> <u>1.</u> <u>1.</u> <u>1.</u> <u>1.</u> <u>1</u>
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nter new mailing address, if applicable:		
<u> Iailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	2 2
		>
If amending the registered agent and/or tent and/or the new registered office addressed of New Registered Agent:	ss here:	
· · · · · ·	10821 Pr.	
New Registered Office Address:	100 St UCHTER Avi, Enter Florida	street address
	Port Riches	, Florida3469
	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 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>	<u>Name</u>	Address	Type of Action
C.E.C.	Selena Cook	10831 Premier Ave Post Richey F	L_BKdd
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			□Change
~			\Backsquare Add
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ffective date if o	ther than the date	of filing. 06.	17/2021		(optional)	
an effective date is his	sted, the date must be spe serted in this block do	ecitic and cannot be p	onor to date of filing	or more than 90 day	ys after filing.) Pi	
	e date on the Departm			ming requiremen	its, tills tiate wi	ii not be fisted a
record specifies a c is filed.	lelayed effective date,	, but not an effective	ve time, at 12:01 a	ı.m. on the earlier	of: (b) The 9	0th day after the
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