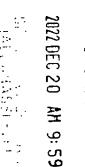


(Requestor's Name)
(Address)
(102.12.7)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Codification Coding
Certified Copies Certificates of Status
Special Instructions to Filing Officer:







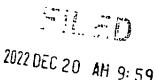
COVER LETTER

TO:	Registration Sec Division of Corp				
_	Everglades	Financial Company, LLC			
SUBJEC	ZT:	Name of Limited	d Liability Company		
The enc	losed Articles of	Amendment and fee(s) are submi	itted for filing.		
		ndence concerning this matter to			
		Valerie Woodhouse			
		Name of Person			
Everglades Financial Company, LLC			iny, LLC		
		Firm/Company			
PO BOX 7411					
	Address				
	Lakeland, FL 33807				
			City/State and Zip Code		
		valerie@jwandassociates.com	n be used for future annual report (notification)	
Com Burt	her information o	oncerning this matter, please cal		,	
	Woodhouse	,,	863 701-3323	3	
Name of Person		Area Code Day	rtime Telephone Number		
Enclose	ed is a check for t	he following amount:			
□ s 2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 	
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



		···· 5. 5.
Everglades Financial Company LLC		No. amount
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	TALL ANASSITE
The Articles of Organization for this Limited Liability Company	were filed on 7/7/2021	and assigned
Florida document number L2000310750		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5151 S Lakeland Dr.	
(Principal office address MUST BE A STREET ADDRESS)	Ste. 6	
	Lakeland, FL 33813	
Enter new mailing address, if applicable:	PO BOX 7411	
(Mailing address MAY BE A POST OFFICE BOX)	Lakeland, FL 33807	
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	
	, Floric	ia
	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 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>	<u>Name</u>	Address	Type of Action
MGR	Jeremy Wharton	124 Liberty Landing Ct. Bartow, FL 33830	
			□Remove
			□Change
MGR	Kristy Higginbothom	124 Liberty Landing Ct. Bartow, FL 33830	□Add
			≣Remove
		·	□Change
			🗆 Add
			□ Remove
			□ Change
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change

If amending any other informati						
				<u> </u>		
						- 2
		<u> </u>		-		20122 DEC
						<u>-</u> B .
					Stelly	20 A
					<u> </u>	AM 9:

				<u> </u>		
Effective date, if other than the office of the date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and canno ck does not meet th	st be prior to dat re applicable s	e of filing or more tatutory filing re	(optic han 90 days after quirements, this	filing.) Pursuan	t to 605,0207 be listed as
ne record specifies a delayed effective ord is filed.	date, but not an eff	fective time, a	t 12:01 a.m. on t	he earlier of: (b)) The 90th da	ay after the
Dated December 2,	, 203	22				
Valerie.	Woodh of Signature of a member	or or authorized	representative of a	member		
Valerie Woodhouse			-			
	Type	d or printed nar	ne of signee			

Filing Fee: \$25.00