L21000344901

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COVER LETTER

	gistration Se vision of Cor			
SUBJECT:		EVERY WO	nited Liability Company	<u>. </u>
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	endence concerning this matter	to the following:	
		Nelshour	- Cryz Hunoz Name of Person	<u> </u>
		_ Every	Wuman Firm/Company	2022 JAI
		11242 Cn	eekhauendr. Address	
		Riverdige	City/State and Zip Code	2022 JAN 14 PH 2: 05
		I Gmeuty E-mail address:	(1) Je used for future annual report notific	inail Com
For further i	information co	oncerning this matter, please o		
Show	Name of		Area Code Daytime	-1367 Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Re	ailing Address gistration S	Section	Street Address: Registration Sect	
Р.0	Vision of C D. Box 632 Ilahassee, F		Division of Corpo The Centre of Ta 2415 N. Monroe	llahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite		
The Articles of Organization for this Limited Liability Compar	iy were filed on	and assigned
Florida document number <u>L2100034490</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)	© 23	
	- 	
		- C vesser
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	10 B
[Mailing uddress MAT BE AT OST OFFICE BOA]		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address: \(\sum_{\begin{subarray}{c} \begin{subarray}{c} \begin		
	Enter Florida s	treet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my s provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is

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
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		 .	□ Remove
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	date, if other than	must be specific and is block does not n	d cannot be prior to neet the applicab		e than 90 days at		
ote: If	t's effective date on th						
ote: If ocument ocumen	t's effective date on the pecifies a delayed effe	ective date, but not	an effective tim	e, at 12:01 a.m. or	the earlier of:	(b) The S	90th day after the
ote: If ocument	t's effective date on the pecifies a delayed effe	January II	. 2027			(b) The S	Oth day after the

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