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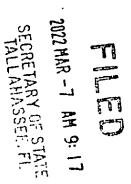
| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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| Q. SILAS |
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|---|---|--|
| YLER 5 GRAF Name of Limi | F LLC ted Liability Company | · |
| nendment and fee(s) are subr | nitted for filing. | |
| ence concerning this matter t | o the following: | |
| TYLER | Name of Person | |
| | Firm/Company | · |
| 1404 N R | ONALD REAGAN & | 5200 |
| LONGWOO | OD FL 32750 City/State and Zip Code | |
| TGFAFF 6) Social E-mail address: (t | o be used for future annual report no | tification) |
| cerning this matter, please ca | H: | |
| AFF erson | at (<u>941</u>) <u>228</u> - Area Code Dayti | - 9696 me Telephone Number |
| following amount: | | |
| \$\times \text{\$\times \$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) |
| | TGPAFF B) Social E-mail address: (to cerning this matter, please cather the content of the cerning this matter to the cerning this matter. The cerning this matter, please cather the cerning this matter, please cather the cerning this matter. | Name of Limited Liability Company THER S GRAFF LLC Name of Limited Liability Company Incompany THER GRAFF Name of Person Firm/Company I LONGWOOD FL 32750 City/State and Zip Code TGRAFF Solutions CROUPACCOUNT E-mail address: (to be used for future annual report not corning this matter, please call: AFF erson at (941) Area Code Dayti Following amount: \$\text{S30.00 Filing Fee & Certificate of Status} \text{S55.00 Filing Fee & Certificate Copy} |

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 FILED

| TYLER S GRAF | + LLC | 2022 MAR - 7 AM 9: 17 | |
|---|---|---|--|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appear nited Liability Company) | SECRETARY OF STATE TALLAHASSEE, FL | |
| The Articles of Organization for this Limited Liability Comp | oany were filed on | 2/8/2022 and assigned | |
| Florida document number <u>L22 000066129</u> . | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company he | ere: | |
| EVERMORE DRIVEN LLC | | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the d | esignation "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS | <u>s)</u> | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | <u> </u> | | |
| B. If amending the registered agent and/or registered of | fice address on our r | ecords, enter the name of the new regist | |
| agent and/or the new registered office address here: | | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Flor | Enter Florida street address | |
| | | , Florida | |
| | City | Zip Code | |
| | | | |

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 |
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| (If an o | ctive date, if other than the date of filing: |
| f the rece | ord 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 filed. |
| Date | d MARCH 380 2022. |
| | 11/11 |
| | Signature of a member of authorized representative of a member |
| | Types Consti |
| | TYLER GRAFF Typed or printed name of signee |