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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
	J. HORNI	E
	AUG - 6 20)22

Office Use Only



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05/31/22--01036--006 **25.00

FILED
2022 MAY 31 PM 1: 28
SECRETARY OF STATE

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:		E2GLOW LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249 S		
	HOUSTON, TX 77064	Address	
	FIGUSTON, 1X 77004	City/State and Zip Code	
	EFILE1234@INCFILE.CO	M to be used for future annual report not	(d. m.))
For further information of	concerning this matter, please ca		meaton)
LOVETTE DOBSON		1 888-462-34at ()	53
Name (of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee.	Section Torporations 27	Street Address: Registration So Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 MAY 2 ED
PALLAMASSE OF S. 28
TALLAMASSEE, PLOT
and assigned

DAREZGLOW LLC SECRETARY PH 1: 32
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on very 2022 and assigned
Florida document number L22000158942
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
EVS LEGACY L.L.C.
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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
			□Remove
			□Change
			□Add
			□Remove
			□Change
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	116 <u>41 </u>	-11	□Add
			□Remove
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Signature of a member or authorized representative of a member		0 + +				
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