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A. BUTLER AUG 1 5 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EVEN ENCHOLD (Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jessica Snothers
Firm/Company c
173 VIllacrest Drive Crest Ville
Crest VIEW PL 325 360 City/State and Zip Code (SS) Callegn of Merson (Maha). Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jessica Smothers at (\$\sum_{\text{Area Code}}, 902-865\text{2} \\ \text{Daytime Telephone Number}
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed)

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

Good of the Control of the ED	
(Name of the Limited Liability Company as it now appears on our records.) AH 8	: 41
The Articles of Organization for this Limited Liability Company were filed on	ATE figned
Florida document number $L2200010723q$	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Ever Enchanted LIC	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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)	
	
3. If amending the registered agent and/or registered office address on our records, enter the name of the nev	v registered
gent and/or the new registered office address here:	registered
Name of New Registered Agent:	
New Registered Office Address:	
Erter Florida street address	
, Florida, Zin Code	
City Zin 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
			□Add
			□Remove
			□Change
			□Remove
			□Change
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ffective	date, if other than the date of filing: (optional)
an effect	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	the date inserted in this torce does not incer the applicable statutory timing requirements, this date with not be listed as 1's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed	
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	1 Deleca Smither A
	1 Section / May May
	Signature of a member or authorized representative of a member