122000326570

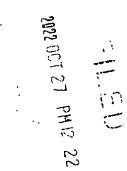
Office Use Only



600396308886

LLCN/c Amend

18/27/22 -01981--882 -0-25.00



A. RAMSEY JAN 25 2023

COVER LETTER

ΓΟ: Registration Sec Division of Corp			
SUBJECT:	EVER APTER	Homes, LLC	*
	Name of Limit	ed Liability Company	•
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	NaQu	Tones Name of Person	
	_	Name of Person	
	NaQu	a Jones LLC	
		Firm/Company	
	449 NE 5	th street	
		Address	
	Florida C	tty, FL, 33034	1
	Na Qua _ E-mail address: (to	Tores you're annual report i) ·Com
For further information co	incerning this matter, please cal	D:	
NO Ouin	Jones	at (786) 57	6-07876
Name of	· <u> </u>		time Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 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 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

•	ILEI)
	2022 OCT 27 PM 12
<u>ול זו.</u>	records.)

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effect Note: 1	the date, if other than the date of filing:
the record ecord is file	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 d.
Dated _	DCTOBER 20 2022
	Signature of a member of authorized representative of a member
	Na Quia Jones Typed or printed name of signee