

L23000237674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

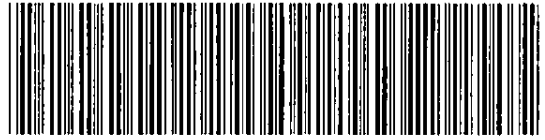
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/13/23--01006--021 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUL 13 PM 3:51

FILED

[Handwritten signature]

7-10-2023

Cover Letter

Name: Everlast Contractors, LLC ^{co}/Jonathan Eric Gibbs
Address: 19477 NE 10th Ave
Miami, FL 33179
Tel: (305) 432-0324 / (251) 269-2502
ericgibbs2002@gmail.com
everlastcontractorsLLC@gmail.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Everlast Contractors, LLC

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:

Jonathan Eric Gibbs

Name of Person

Everlast Contractors, LLC

Firm/Company

19477 NE 10th ave apt 103

Address

Miami, FL 33179

City/State and Zip Code

Ericgibbs2002@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Eric Gibbs

Name of Person

at (251)

Area Code

269-2502

Daytime Telephone Number

Enclosed is a check for the 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**

Everlast Contractors, LLC

(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 05/15/2023 and assigned
Florida document number L23000237674.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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)

FILED	2023 JUL 13 PM 3:51	CLERK OF STATE
		STATE OF FLORIDA

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

Florida

City

Zip 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 Changing Registered Agent, Signature of New Registered Agent

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective 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 (3)(b)

If the record 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 record is filed.

07/09/2023

Jonathan S. [Signature]

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

Sales and Service

3C036BED-D26A-4348-BCFD-EAB4FCCD28BA | A | 2 | SIGNATURE REQUIRED



Account Signature Card

(Personal Checking and Savings Accounts)

 05/24/2023
 OPEN DATE

 AL FOLEY W ROOSEVELT AVE
 STATE / BRANCH NAME

JONATHAN E GIBBS	SOLE OWNER	07/31/1975	420-35-5304
1. NAME	ACCOUNT RELATIONSHIP*	BIRTH DATE	SOCIAL SECURITY #
2. NAME	ACCOUNT RELATIONSHIP*	BIRTH DATE	SOCIAL SECURITY #
3. NAME	ACCOUNT RELATIONSHIP*	BIRTH DATE	SOCIAL SECURITY #
4. NAME	ACCOUNT RELATIONSHIP*	BIRTH DATE	SOCIAL SECURITY #
5. NAME	ACCOUNT RELATIONSHIP*	BIRTH DATE	SOCIAL SECURITY #
6. NAME	ACCOUNT RELATIONSHIP*	BIRTH DATE	SOCIAL SECURITY #
7. NAME	ACCOUNT RELATIONSHIP*	BIRTH DATE	SOCIAL SECURITY #
8. NAME	ACCOUNT RELATIONSHIP*	BIRTH DATE	SOCIAL SECURITY #
9. NAME	ACCOUNT RELATIONSHIP*	BIRTH DATE	SOCIAL SECURITY #

* Unless otherwise expressly provided in this Account Signature Card or in other records maintained by Regions Bank with respect to this account, multiple persons designated herein as owners, co-owners, or joint owners are and intend to be joint tenants with right of survivorship with respect to this account, subject to applicable law. If this account is established in the name of one or more persons as trustee for one or more beneficiaries without a separate written trust instrument, and if there is no subject of trust other than the deposits in the account, or if this account names one or more persons as payable on death beneficiaries, any person establishing the account may revoke the trust or change, delete, or add persons designated as trust beneficiaries or payable on death beneficiaries using forms acceptable to Regions Bank, as applicable, subject to the provisions of applicable law. Please refer to the Deposit Agreement governing this account and applicable state law for information about the status of and rights with respect to account relationship designations. Customers should consult their own tax advisor or legal counsel for guidance on the nature and effect of account relationship designations.

165 LAKEVIEW LOOP DAPHNE AL 36526-7635

CUSTOMER ADDRESS

ericgibbs2002@gmail.com

CUSTOMER E-MAIL ADDRESS(ES)

(251)269-2502

PRIMARY PHONE

SECONDARY PHONE

0340220214

ACCOUNT NUMBER

DA 805 - LIFEGREEN CHECKING

ACCOUNT NAME

INTEREST RATE INFORMATION (IF APPLICABLE)	BALANCE	INTEREST RATE	ANNUAL PERCENTAGE YIELD
THE INTEREST RATE(S) PROVIDED REFLECT THE RATE(S) IN EFFECT AT ACCOUNT OPENING. THE RATE(S) ARE SUBJECT TO CHANGE DAILY.	Routing #: 062000019		

Each person signing this Account Signature Card, whether in writing or by use of an electronic signature, (i) confirms that he/she has reviewed the information set forth in this Account Signature Card and that such the information is true and correct, (ii) acknowledges receipt of the Deposit Agreement, the Pricing Schedule, this Account Signature Card, and other related disclosures (including the Regions Privacy Pledge to Consumers and the disclosure entitled "What You Need to Know About Overdrafts and Overdraft Fees") applicable to the account described herein (collectively, the "Account Terms"), all of which Account Terms are incorporated herein by reference, (iii) agrees to each and every term, condition, and provision of the Account Terms (including the ARBITRATION AND WAIVER OF JURY TRIAL PROVISIONS), as may be amended from time to time by Regions Bank in its discretion, subject to the requirements of applicable law, and (iv) authorizes Regions Bank to open the account described herein, subject to the Account Terms. This Account Signature Card supersedes and replaces any and all previous signature cards for this account; provided, that Regions Bank shall have a reasonable opportunity to act upon this Account Signature Card and shall not be liable for any action it takes prior to acting upon this Account Signature Card in good faith and through the exercise of ordinary care on the basis of information contained in any signature card replaced by this Account Signature Card. This Account Signature Card may not be altered, modified or amended by customer in any way without Regions Bank's express written agreement signed by an authorized officer of Regions Bank. Any attempt by customer to alter, modify or amend this signature card without Regions Bank's express written agreement signed by an authorized officer of Regions Bank shall be void and shall have no legal effect.





FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the form and instructions to **amend the Articles of Organization of a Florida Limited Liability Company.**

A limited liability company can amend its articles of organization by filing articles of amendment with the Division of Corporations that meet the requirements of s. 605.0202, Florida Statutes, which is printed on the reverse side of this letter.

- Pursuant to s.605.0202 (2)(d), Florida Statutes, the document must be typed or printed and must be legible.
- Pursuant to s. 605.0207, Florida Statutes, an effective date may be specified but it must be specific, cannot be prior to the date of filing, and cannot be more than 90 days in the future.
- If you are changing the name of the limited liability company, the new name must be distinguishable on the records of the Florida Department of State.

The new name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

- If the registered agent is changed by the amendment, the new agent must sign accepting the appointment, and must state that he or she is familiar with and accepts the obligations of the position. Additional sheets may be attached if necessary.
- The fees are as follows:

\$25.00	Filing Fee
\$30.00	Certified copy (optional)
\$ 5.00	Certificate of Status (optional)
- Submit one check made payable to the Florida Department of State for the total amount of the filing fee and any certificate or copy. Please include a cover letter containing your daytime telephone number and return address. A letter of acknowledgment will be issued after the amendment has been filed.

Any further inquiries on this matter should be directed to the Registration Section by calling (850) 245-6051, or by writing Division of Corporations, P. O. Box 6327, Tallahassee, FL, 32314.

NOTE: THIS FORM FOR FILING ARTICLES OF AMENDMENT IS BASIC. EACH LIMITED LIABILITY COMPANY IS A SEPARATE ENTITY AND AS SUCH HAS SPECIFIC GOALS, NEEDS, AND REQUIREMENTS. ADDITIONAL SHEETS MAY BE ATTACHED AS REQUIRED.

THE DIVISION OF CORPORATIONS RECOMMENDS THAT ALL DOCUMENTS BE REVIEWED BY YOUR LEGAL COUNSEL. THE DIVISION IS A FILING AGENCY AND AS SUCH DOES NOT RENDER ANY LEGAL, ACCOUNTING, OR TAX ADVICE. THE PROFESSIONAL ADVICE OF YOUR LEGAL COUNSEL TO ASCERTAIN EXACT COMPLIANCE WITH ALL STATUTORY REQUIREMENTS IS STRONGLY RECOMMENDED.

605.0202 Amendment or restatement of articles of organization.—

- (1) The articles of organization may be amended or restated at any time.
- (2) To amend the articles of organization, a limited liability company must deliver to the department for filing an amendment, designated as such in its heading, which contains the following:
 - (a) The present name of the company.
 - (b) The date of filing of the company's articles of organization.
 - (c) The amendment to the articles of organization.
 - (d) The delayed effective date, as provided under s. 605.0207, if the amendment is not effective on the date the department files the amendment.
- (3) To restate its articles of organization, a limited liability company must deliver to the department for filing an instrument, entitled "Restatement of Articles of Organization," which contains the following:
 - (a) The present name of the company.
 - (b) The date of the filing of its articles of organization.
 - (c) All of the provisions of its articles of organization in effect, as restated.
 - (d) The delayed effective date, as provided under s. 605.0207, if the restatement is not effective on the date the department files the restatement.
- (4) A restatement of the articles of organization of a limited liability company may also contain one or more amendments to the articles of organization, in which case the instrument must be entitled "Amended and Restated Articles of Organization."
- (5) If a member of a member-managed limited liability company or a manager of a manager-managed limited liability company knew that information contained in filed articles of organization was inaccurate when the articles of organization were filed or became inaccurate due to changed circumstances, the member or manager shall promptly:
 - (a) Cause the articles of organization to be amended; or
 - (b) If appropriate, deliver to the department for filing a statement of change under s. 605.0114 or a statement of correction under s. 605.0209.