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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

EVERGRI SUBJECT:	EEN OIL PICKUP, LLC			
SOBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	NETANEL AZULAY			
		Name of Person		
	EVERGREEN OIL PICKI	UP, LLC		
		Firm/Company		
	5435 CEDAR PINE COU	RT	20	
		Address		
	ORLANDO, FL 32819		∾	0.00
	-	City/State and Zip Code		0.0
	ACCOUNTING@MIRABI			(
	E-mail address: (to be used for future annual report noti	fication)	•
For further information of	concerning this matter, please c	all:	0	i
GRAEME TUROFSKY		407 625-7070 at ()		
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he 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 Addres Registration S		Street Address: Registration Sec	ction	
Division of C	•	Division of Cor	porations	
P.O. Box 632	! /	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

EVERGREEN OIL PICKUP, LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)		
The Articles of Organization for this Limited Liability Compan	y were filed on 07/10/2023	and assigned	
Florida document number L23000325489			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
EVERGREEN FENCES AND GATES, LLC			
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abl	previation "L.L.C."	_
Enter new principal offices address, if applicable:			-
(Principal office address MUST BE A STREET ADDRESS)		863 863 813	: 14 24
		001	<u>:</u>
		121	151- 151-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			101
		<u> </u>	- ::::
		O	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the <u>name</u>	of the new regist	<u>ered</u>
Name of New Registered Agent:			_
New Registered Office Address:			_
	Enter Florida street address		
			_
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>::</u>		

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

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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lf an effecti <u>Note:</u> If t	re date is listed, the date must be sp ne date inserted in this block do s effective date on the Departr	occific and cannot be poccific and cannot the app	plicable statutory	g or more than 90 days	after filing.) Pursuant	to 605,020 oe listed a
e record sp rd is filed.	ecifies a delayed effective date	e, but not an effectiv	re time, at 12:01	a.m. on the earlier o	f: (b) The 90th da	y after the
	PTEMBER 15th	2023	·			
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Filing Fee: \$25.00