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02/27/20 PA

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
aup meet	Eve	rgreen Jade LLC	
SUBJECT:	.		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sara Sillars		
		Name of Person	
	Evergreen Jade LLC		
		Firm/Company	
	3916 N Darwin Ave		
		Address	
	Tampa, FL 33603		
		City/State and Zip Code	
	sales@evergreenjade.com	·	
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please c	ali:	
Sara Sillars		352 328-9859 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		· 8 20
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	<u> </u>
Registration Section		Registration Sect	
Division of Corporations		Division of Corp	
P.O. Box 632		The Centre of Ta	
Tallahassee, FL 32314		2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	<u>,, </u>
The Articles of Organization for this Limited I Florida document number L23000329774		were filed on 12 July 2023	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	pility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address	registered office	N/A address on our records, <u>enter the nam</u>	ne of the new registere
Name of New Registered Agent:	N/A		15. 15. 15. 15. 15. 15. 15. 15. 15. 15.
New Registered Office Address:		Enter Florida street address	E
			2
		, Florida	Zip Code 😡
New Registered Agent's Signature, if changing I hereby accept the appointment as register			FL TATE : 55
provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete gistered age <mark>nt</mark> as _l	performance of my duties, and I am j provided for in Chapter 605, F.S. Or,	familiar with and if this document is

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>	Name	Address	Type of Action
AMBR	Maurice Perkins	601 N 12th St. Tampa, FL 33602	Add
			Remove
			□Change
			🗆 Add
			Remove
			□ Change
		 	□Add
			□Remove
			U□Chahge
			Add 12
			C EREMOVE
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			Remove
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fective date, if other than effective date is listed, the date inserted in to the date inserted in the date on the date of the	te must be specific and his block does not r	d cannot be pr meet the app	olicable statut	ling or more that ory filing requ	(optiona 190 days after filin rements, this da	ig.) Pursumi 1	ic 605.0207 e listed as
ecord specifies a delayed et is filed.	fective date, but not	t an effectiv	e time, at 125	01 a.m. on the	earlier of: (b) 1	The 90th day	after the
February 4		. 2024	<u> </u>				
<u> </u>	\.\^						
Sara	Suc	<u>~~</u>	ulbasias d sussi	sentative of a me	emhar		_

Filing Fee: \$25.00