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COVER LETTER

TO:

TO: Registration Section Division of Corporations					
The Evrs C	Tub LLC				
SUBJECT:	Name of Lin	ited I lability Company	***************************************		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Filing MichaelD				
		Name of Person			
	ZenBusiness Inc.				
		Firm/Company			
	336 E College Ave, Ste 30)			
		Address			
	Tallahassee, FL 32301				
	fulfillment@zenbusiness.cc	City/State and Zip Code			
		to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please c	all:			
Filing MichaelD c/o Zer	Business Inc.	844 493-6249 at ()			
Name of Person		Area Code Daytime 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————————————————————————————————————		
Mailing Address: Registration Section		Street Address: Registration Sec			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

our records.)
2023 and assigned
nation "LEC" or the abbreviation "L.L.C."
2023
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<u> </u>
<u>£</u>
rds, <u>enter the name of the new reg</u>
street address
street address . Florida

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

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
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			\ \ Change
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Dated _.. 2023

/s/ Tashia Marie Allen Signature of a member or authorized representative of a member Tashia Marie Allen Typed or printed name of signee