Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000324215 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **.

Email Address:____



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EVERGREEN DEALS ENTERPRISES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Evergicen Deals Enterprises LLC		•
(Name of the Limited Liability Comp (A Florida Limited	oans as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 09/06/23	and assigned
Florida document number L23000416584		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	offity Company," the designation "ELC" or the a	abbreviation "E.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office		٠.٠
agent and/or the new registered office address here:		-
Name of New Registered Agent:	··	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	<u>پ</u>
	Enter Florida street address	. 1
	, Florida	Zip Code
	Cuy	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.

To 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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
MGR	PARVEEN, RUQUYYA, MS	7901 4TH ST N # 16865	□ Add
		ST PETERSBURG, FL 33702	□Remove
			X Change
			🗀 Add
			□Remove
			□Add
			□Remove
			FiChange
			□ Add
			©Remove
			□ Change
			∐Add
			⊟Remove
			☐ Change
			□Add
			□Remose
			Fi Change

9/14/2023 10 1/16 PDT. To 13506176383 Page 4/4 From Registered Agents Inc Fax: 8134365206

				· · · · · · · · · · · · · · · · · · ·
			· · ·	
-				
			- 	
				
			· 	
			. 	
			··	
				
				
		· · · · · · · · · · · · · · · · · · ·		
ective date, if other than the d	ate of filing:		(optional)	
effective date is listed, the date must be: If the date inserted in this bloc				
ument's effective date on the Dep				
zord specifics a delayed effective (filed	date, but not an effective tin	ne, at 12:04 aun on the	earlier of: (b) The 90th d	ay after ti
ed September 14th	2023			
	C-17 ignature of a member or author			
. 12672015 X 12773 X	2.17 ghature of a member or guthor	ized tenresentative of a me	mber	