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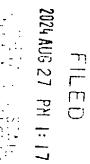
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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	Vergara LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Diangelo Vergara		
		Name of Person	
	Everclean Vergara LLC		
		Firm/Company	
	7521 Paula Dr 260071		
	<del></del>	Address	
	Tampa Florida 33685		
		City/State and Zip Code	<del></del>
	Diav438@gmail.com		· ·
		to be used for future annual report notificat	tion)
For further information of	concerning this matter, please co	all:	
Diangelo Vergara		727 851-1445 at ( )	
Name o	of Person	Area Code Daytime To	elephone 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 (udditional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Section	on
Division of C		Division of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Everelean Vergara 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 August 19, 2024 and assigned 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) 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 City

## 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>	<u>Address</u>	Type of Action
MGR	Diangelo Vergara	4809 Allen way Tampa FL 33610	■Add
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Effectiv	ve date, if other thar ctive date is listed, the dat if the date inserted in the	ns block does not i	meet the applicable	late of filing or more the statutory filing req	(optiona an 90 days after fili uirements, this da	al) ng.) Pursuant to 605.020 tte will not be listed as
vote.	ent's effective date on t					
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docume e record	ent's effective date on t specifies a delayed effed	ective date, but no	t an effective time.	at 12:01 a.m. on the	e earlier of: (b)	The 90th day after the
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docume e record	ent's effective date on t specifies a delayed effed		<u>2024</u> ,	at 12:01 a.m. on the		The 90th day after the