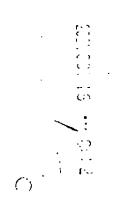


(Requestor's Name)
(Address)
(Address)
(0) (0) (1) (1) (1)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Samuel Carry, Markey,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operations to timing officer.

Office Use Only



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FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:_____

(850) 491-9625 Brandon (850) 524-5437 Teresa (850) 524-6243 Rich

Please use funds Authorization Sig Business Name: Document # Certified Copy Certificate of S	nature: <u>fam</u> EVOR LLC L24000403781	20210000160: \$25.00 es-felle
NEW FILINGS	&	AMENDMENTS
Profit CorpNot for ProfitLimited LiabilityDomesticationLLLPCorpIncOther		XAmendmentResignation / DissociationChange of Registered AgentDissolution for LLCMergerArticles of ConversionAmended & Restated Articles of IncorporationStatement of Correction
APOSTILLE(s)	&	OTHER FILINGS
Apostille(s) Country(s)		Foreign Filing LLCReinstatementQualificationFictitious NameAnnual Report

COVER LETTER

TO: Registration Section

Division of Cor	porations		
EVOR LLC			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	YAMILE ALVEAR		
		Name of Person	
		Firm/Company	
	PO BOX 278084		
		Address	
	MIRAMAR, FL 33027		
		City/State and Zip Code	
	INFO@YOURFINANCEB	IFF.COM to be used for future annual report not	(fication)
For further information co	oncerning this matter, please c		,
YAMILE ALVEAR		786 479-1159	
Name of	Parcon	at ()	ne Telephone Number
Name of	reison	Alea Code Dayiii	ic reteptione Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (**dditional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVOR LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number L24000403781		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
nter new principal offices address, if applicable:	14076 SOUTH FOREST OAK CIR	
Principal office address MUST BE A STREET ADDRESS)	DAVIE, FL 33325	
	:	- []
nter new mailing address, if applicable:	14076 SOUTH FOREST OAK CIR	() () ()
Mailing address MAY BE A POST OFFICE BOX)	DAVIE, FL 33325	
		· ·
		:
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, enter the n	ame of the new regist
N. CN. B. C. LA		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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.

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
MGR	MAGDA G. ROJAS	14076 SOUTH FOREST OAK CIR	
		DAVIE, FL 33325	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			∐Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change

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f an effi Note:	ve date, if other than the date of filing:
e record	I 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 ed.
Dated _.	10/16/2024
	Senature of a member or authorized representative of a member
	M. The state of th
	DANIELA ROJAS /

Filing Fee: \$25.00