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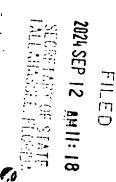
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations Everett Munagement Unup Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status □\$43.75 Filing Fee & ☐ \$35 Filing Fee ☐\$52.50 Filing Fee Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

is enclosed)

Ar	rticles of Ame	ndment			
A mai	to icles of Incorp	soration			
Everet Munagem	rnt (Jaup			
(Name of Corporation a	as currently fi	led with the Flor	ida Dept. of S	tate)	
P 0 5000 107 14	15				
(Document	Number of C	orporation (if kno	wn)		
Pursuant to the provisions of section 607.1006, Florida Stats Articles of Incorporation:	atutes, this <i>Flo</i>	rida Profit Corpo	<i>ration</i> adopts t	he following	amendment(s) to
A. If amending name, enter the new name of the corpo	oration:) A			The new
name must be distinguishable and contain the word "corpo 'Inc.," or Co.," or the designation "Corp," "Inc," or 'chartered," "professional association," or the abbreviat	r "Co". A p			abbreviation	n "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	ESS)	NIA			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		NA			
	-		i,	SA CO	<u></u>
D. If amending the registered agent and/or registered of	office address	s in Florida, ente	r the name of	the T	j
new registered agent and/or the new registered office			• •		; =
Name of New Registered Agent	NIA		•	9 5	[II]
			•	=======================================	- D
New Registered Office Address:	(Florida street	address)	, Flor		5
Hew Registered Office Mauress.	(Ci	ψ.)	, riun	(Zip Co	ode)
				-	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VD	Robert Lee Everett	SOI Peterson Court. INVERNESS FL
X Add			SULTED SULTED
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			• • •
Add			
Remove			
6) Change			
Add			
Remove			

If amending or ad Attach additional s	ding additional Artic heets, if necessary).	eles, enter change(s (Be specific)	s) here:		
			.		
	IIA			<u>-</u>	
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f an amendment	provides for an exch	ange, reclassification	on, or cancellatio	n of issued shares,	
	plementing the amer ble, indicate N/A)	idment if not conta	uned i <u>n</u> the amen	dment itself:	
	[<u>.</u>		
	NH	7			_
		1			-
			<u></u>		
<u>,</u>	•••		·		
· -	<u></u>		• • • •		

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file dat	e)
Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without share action was not required.	sholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment	ving statement ent(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
Signature (By a thrector, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, of appointed fiduciary by that fiduciary) (Typed or printed name of person signing)	re not been r other court
(Title of person signing)	