

K21000088571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

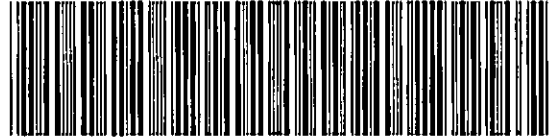
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600371632476

08/13/21--01021--019 \*\*60.00

08/13/21 11:23

K21000088571

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EVER SOLUTIONS, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ESTEFANIA VIEYRA

\_\_\_\_\_  
Name of Person

EVER SOLUTIONS LLC

\_\_\_\_\_  
Firm/Company

5323 72ND ST NORTH

\_\_\_\_\_  
Address

SAINT PETERSBURG/ FLORIDA 33709

\_\_\_\_\_  
City/State and Zip Code

eversolutionsllc2021@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ESTEFANIA VIEYRA

727 3378976  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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



**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>                           | <u>Type of Action</u>                   |
|--------------|----------------|--|---|
| MGR          | MICHAEL MORGAN | 5323 72ND ST NORTH SAINT PETERSBURG/ FLO | <input checked="" type="checkbox"/> Add |
|              |                |  | <input type="checkbox"/> Remove         |
|              |                |  | <input type="checkbox"/> Change         |
|              |                |  | <input type="checkbox"/> Add            |
|              |                |  | <input type="checkbox"/> Remove         |
|              |                |  | <input type="checkbox"/> Change         |
|              |                |  | <input type="checkbox"/> Add            |
|              |                |  | <input type="checkbox"/> Remove         |
|              |                |  | <input type="checkbox"/> Change         |
|              |                |  | <input type="checkbox"/> Add            |
|              |                |  | <input type="checkbox"/> Remove         |
|              |                |  | <input type="checkbox"/> Change         |
|              |                |  | <input type="checkbox"/> Add            |
|              |                |  | <input type="checkbox"/> Remove         |
|              |                |  | <input type="checkbox"/> Change         |

