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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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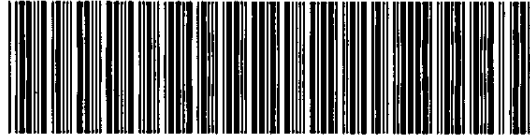
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Evolve Sales South, 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:

W. John Deachman, Esq.

Name of Person
Craig, Deachman & Amann, PLLC

Firm/Company
1662 Elm Street

Address
Manchester, NH 03101

City/State and Zip Code
hsoucy@eda-law.com

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

For further information concerning this matter, please call:

Heidi Soucy

Name of Person
603 665-9111
at ()
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FL 32301
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**AMENDED AND RESTATED ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I.

The name of the limited Liability Company is:

EVOLVE SALES SOUTH, LLC

ARTICLE II.

The street address of the principal office of the Limited Liability Company is:

1662 ELM STREET
MANCHESTER, NH 03101

The mailing address of the Limited Liability Company is:

1662 ELM STREET
MANCHESTER, NH 03101

ARTICLE III.

The name of the Florida street address of the registered agent is:

MATTHEW LAPOINTE, ESQ.
1010 NORTH FLORIDA AVE.
TAMPA, FL 33602

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TALLAHASSEE, FLORIDA

Having been named as registered agent an to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MATTHEW LAPOINTE, ESQ.

ARTICLE IV.

The name and address of person(s) authorized to manage LLC:

Title: MGR
STAVROS ANAGNOST
1662 RLM STREET
MANCHESTER, NH 03101 US

Title: AR
W. JOHN DEACHMAN, ESQ.
1662 ELM STREET
MANCHESTER, NH 03101 US

Signature of member or an authorized representative

Electronic Signature: W. JOHN DEACHMAN, ESQ.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155,F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.

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