## L16000173032

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(Address)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
Evolve Prop			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Suzanne Middleton		
		Name of Person	<del></del>
	Reed Mawhinney & Link,	PLLC	
		Firm/Company	<del></del>
	1611 Harden Blvd.		
		Address	
	Lakeland, FL 33803		
	suzanne@polklawyer.com	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Andrew M. Reed		863 687-1771 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Evolve Properties, LLC				
(Name of the Limi	ted Liability Company (A Florida Limited Lia	y <mark>as it now appears on our r</mark> ability Company)	ecords.)	_ <del>_</del>
the Articles of Organization for this Limited Labeled Lorida document number L16000173032	iability Company w	vere filed on 9/16/2016	a	nd assigned
his amendment is submitted to amend the following	lowing:			
	-	•		
a. If amending name, enter the new name of	of the limited liabili	ity company here:		
he new name must be distinguishable and contain the	words "Limited Liability	y Company," the designation	"LLC" or the abbrevia	tion "L.L.C."
Inter new principal offices address, if applic	cable:			
Principal office address MUST BE A STREI	ET ADDRESS)			
			· · · —	<u></u>
San and the san the block of the san the block of				
Inter new mailing address, if applicable: <i>Mailing address MAY BE A POST OFFICE</i>	' ROY			
Mulling duaress WLAT BE A FOST OFFICE	<u>. BOA)</u>			
If amending the registered agent and/or gent and/or the new registered office addre	•	idress on our records, <u>e</u>	enter the name of t	he new regis
gent and/or the new registered office addre	ess here.			1
Name of New Registered Agent:	Reed Mawhinney	& Link, PLLC		Ç0
New Registered Office Address:	1611 Harden Blv	d.		C
non registere error radies.		Enter Florida street d	oddress	
	Lakeland		_, Florida <u>33803</u>	( ·
		City	Zi	v 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
<del></del>			□∧dd
			☐ Change
			□Add
			□Remove
<del></del>			□Add
			☐ Change
			□Add
			□Remove
			Change
			bAdd
			□Remove
		4-2	□Change
			DAdd
			□Remove
			Change

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ote:	ve date, if other than the date of filing:
ecor is fil	d 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.
ted	August 17 , 2021.
	Signature of a member or authorized representative of a member
	/ '

ET 635.00