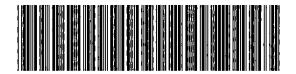
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: The	Evans Gro	ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Barbara	A Evans Name of Person	
,	The Eva	ns Group LL	<u>C</u>
	1720 Se	ea Lark Lane Address	
	havarre	FL 325 City/State and Zip Code	66
	barbe Vans E-mail address: (to	FL 325 City/State and Zip Code Stea O Smail . Co o be used for future innual report notifi	cation)
For further information co	ncerning this matter, please ca	11:	
Barbara Name of	C. Evans Person	at (561) <u>573 - 2</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. The tra	ns Group	LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now ap A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited Liab	bility Company were filed on	12/30/1990	and assigned
Florida document number	10	•	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability compan	y here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company,"	he designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
			
Enter new mailing address, if applicable:			15 SE
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>		55. TO
	 	, , , , , , , , , , , , , , , , , , ,	77;
			Cio (Cio
B. If amending the registered agent and/or registered agent and/or the new registered officered of the new registered of the new rea	r registered office address ce address here:	on our records, <u>enté</u>	if the name of the nev
Name of New Registered Agent:	Barbara (7. Evans	
New Registered Office Address:	1720 Seal	Lane Florida street address	,
	<u>Navave</u>	, Florida _	32566 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.

To 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
MGRM	Evans, Chip	1720 Sealark Lone	
		1720 Sealark Lane Navarre, Fl, 32566	Remove
			Change
MGR	Evans, Barbara	1720 Sealark Lane	_A Add
		Navarre, FL 32566	Remove
	,		Change
			□ Add
		<u>.</u> .	□ Remove
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tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable is	(optional) e of filing or more than 90 days after filing.) Pursuant to statutory filing requirements, this date will not be	o 605 e list
ment's effective date on the Department of State's records.		
		!:
ecord specifies a delayed effective date, but not an e 90th day after the record is filed.	effective time, at 12:01 a.m. on the e	arne
,		
d <u>September 26, 2016</u> . Barbara Q. E. Signature of a member or authorized		
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13 auh. 1 5 21	//i x^	

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Filing Fee: \$25.00