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MAY 21 2009

EXAMINER



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SECRETARY OF SIGHE DIVISION OF COMPRESSION

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: EYOLVE DESIGN CONSULTING GROUP, 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:				
ERIC ROMERO Name of Person				
EVOLVE DESIGN CONSULTING GROUP Firm/Company				
6648 S.W. 65 STREET				
SOUTH MIAMI, FL 33143				
South Miami FL 33143 City/State and Zip Code evrmedia @bellsouth.net E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
ERIC ROMERO at (305) 992-8461 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$25.00 Filing Fee & \text{Certified Copy} &				

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

EVOLVE DESIGN CONSULTING GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida	Elinica Elability Company)	
The Articles of Organization for this Limited Liability of Florida document number <u>L 04 0000 846</u>	• •	and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		· •
(Principal office address MUST BE A STREET ADD	RESS)	09 V:15
		3 000
		19 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Enter new mailing address, if applicable:		— — — — — — — — — — — — — — — — — — —
(Mailing address MAY BE A POST OFFICE BOX)		,
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		0 0
B. If amending the registered agent and/or registered agent and/or the new registered office add		ds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	,	
	Enter Florida street address , Florida	
	City	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 608, 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

Is amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title Name -**Address Type of Action** ☐ Add Remove ☐ Add 🔲 Remove ☐ Add Remove ☐ Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00