#105000066013

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

TO: Registration Section Division of Corporations
SUBJECT: EVDEMON 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:
LAURA A EVDEMON (Name of Person)
EVDEMON GROUP LLC (Firm/Company)
1.0352 ABBOTSFURD DRIVE
TAMPA, FL 33626 (City/State and Zip Code)
For further information concerning this matter, please call:
LAURA EVDEMON at (8/3 920-7890 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\int_{\text{S25.00}} \text{Filing Fee} \text{ \$\sqrt{\text{S30.00}} \text{Filing Fee} \text{ \$\text{Certified Copy} } \$\text{Certified

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOW ED
TIMAUR OF
AM 9:59 ALLAHASSEE, FLORID, ds.)
ds.)

(Zip Code)

EVDEMON G	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L05000066013</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
N/A	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	n/A
New Registered Office Address:	
	(Enter Florida street address)

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.

(City)

(H'Changing Registered Agent, Signature of New Registered Agent)

If 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			
MGMR	Michael S. Enlen	10563 Greenevest Drive (Jumpa, FL 33626	Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Address 2			
<u></u>			Remove 9.			
	=	(s) here: (Attach additional sheets, if necessary.)				
By copy of divorce decree and minutes, mation was approved to remove existing managing member Michael S. Evdemon I from entity and Jawa						
	existing mangain	a member Michael	— P.			
	Evdenon II hom	intituined Haura	<u>·</u>			
	a. Exclemen a sol	inted President and				
Dated	3/11 201	13 Managing M	ember			
Dated	Jama a.	Erdemon effective	- 2/28/2012			
Signature of a member or authorized representative of a member						
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00