

LD91000024611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

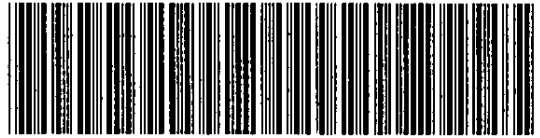
Special Instructions to Filing Officer:

L. SELLERS

OCT 13 2009

EXAMINER

Office Use Only



900161432909

10/09/09--01019--002 **25.00

FILED

09 OCT -9 AM 8:30

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EVOLUTION REVOLUTION 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:

SAMUEL GINSBERG

Name of Person

EVOLUTION REVOLUTION LLC

Firm/Company

8436 LEGEND CLUB DR.

Address

W. P. B. FL. 33412

City/State and Zip Code

CITYMAVERICK@AOL.COM

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

For further information concerning this matter, please call:

SAMUEL GINSBERG

Name of Person

at (561) 622-6007

Area Code & Daytime Telephone Number

646-734-2741 - CELL

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EVOLUTION REVOLUTION LLC

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

The Articles of Organization for this Limited Liability Company were filed on MARCH 13 2009 and assigned Florida document number 209000024611

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

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TALLAHASSEE FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRm	JEFFREY FEINSTEIN	13977 NW GAINSVILLE RD. REDDICK, FL. 32686	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRm	JEAN VOITA FEINSTEIN	45 CALDWELL TERRACE MARLBORO, NEW JERSEY 08746	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRm	ANDREW SANTANDRA	2245 COUNTY ROUTE 83 PINE PLAINS, NEW YORK 12567	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member

SAMUEL GINSBERG

Typed or printed name of signee

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TALLAHASSEE FLORIDA