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09 AUG 14 PM 1: 09
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

AUG 17 2009

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	Evens Real Estate D	evelopment Company, I	LC
		ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	SEC SEC
Michael D. Randolph, Esq.			99 AUG 14 PM 1:09 SECRETARY OF STATE SALLAHASSEE. FLORIT
		Name of Person	E C P F
Fowler, White, Boggs, PA			FS = C
		Firm/Company	OP OP
		2235 First Street	र र्ग
		Address	
	F	Fort Myers, FL 33901	
		City/State and Zip Code	
	michael.	randolph@fowlerwhite.com to be used for future annual report notific	ation)
For further information	n concerning this matter, please c		. ,
Mic	hael D. Randolph	at (334-7892
Nan	ne of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for	or 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)
Reg Div P.O	SILING ADDRESS: pistration Section ision of Corporations Box 6327 lahassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	ntions nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	iability Company as it now app	ears on our records.)	
(A F	iability Company as it now app Iorida Limited Liability Compan	()	
The Articles of Organization for this Limited Liab Florida document number		August 7, 2009 and assigned	
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of t	he limited liability company	<u>nere</u> :	
Evans Real E	state Development Comp	pany, LLC	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Cor	npany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	ole:	<u> </u>	
(Principal office address MUST BE A STREET	ADDRESS)	57 F	
Enter new mailing address, if applicable:		PF STATE FLORID	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>) in	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:		n our records, enter the name of the new 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

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 = Ma MGRM = N	inager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter change(O9 AUG 14 PM 1: 10 SECRETARY OF STATE ALLEANASSEE FLORIDA
Dated	August 11 , 200	9 <u> </u>	
	-	r authorized representative of a member	.,, , , : ::-
	Mich Typed o	ael D. Randolph r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00