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OCT - 8 2013

T. BROWN

### COVER LETTER

TO: **Registration Section Division of Corporations** SUBJECT: Extraordinary Vision for Optimal Life Vehement Engagement, 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: Mi'chele Jubilee Name of Person EVOLVE, LLC Firm/Company PO Box 141664 Address Coral Gables, FL 33114 City/State and Zip Code mi@evolvellc.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (410)

Area Code & Daytime Telephone Number Mi'chele Jubilee Name of Person Enclosed is a check for the following amount: \$60.00 Filing Fee,

\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

**\$30.00** Filing Fee &

Certificate of Status

\$25.00 Filing Fee

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

### STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

## ARTICLES OF AMENDMENT



# ARTICLES OF ORGANIZATION OF Extraordinary Vision for Optimal Life Vehement Engagement, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Organization for this Limited Liability Company

The Articles of Organization for this Limited Li	ability Company were filed on	December 14, 2009	_ and assigned
Florida document numberL09000118			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company	y here:	
The new name must be distinguishable and end wit. "L.L.C."	h the words "Limited Liability Co	ompany," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u></u>		
B. If amending the registered agent and/oregistered agent and/or the new registered of		on our records, enter the	name of the new
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

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 Type of Action Address Title Name MGR Donte' Griffin PO Box 141664 ✓ Add Remove Coral Gables, FL 33114 ☐ Add Remove ☐ Add ☐ Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 1 2013 Dated

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Mi'chele Jubilee