# L11000039104

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900204034749

04/26/11--01032--008 \*\*25.00

N. Cultigate APR 2 7 2011

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: EVOLVE PUBLISHING 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:
VIRGINIA NOVAK JW
evolve publishing Firm/Company
9825 MARINA BLVIS SUITE 100 Address 33418
BOCA RATON FL 334958 City/State and Zip Code
E-mail address: (t) be used for future annual report notification)
For further information concerning this matter, please call:
VIRGINIA NOVAK at (561) 929 5727  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ 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

DIVISION OF CORPORATIONS

avalva	n dalich	- Ila	26 PM 12: 36
(Name of the Limited	Liability Company as it no Florida Limited Liability C	ow appears on our records.)	- 10 d m
The Articles of Organization for this Limited Lia	•	• *	and assigned
Florida document number <u>L/1000039</u>	104.		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability com	pany here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	sox)		
B. If amending the registered agent and/o registered agent and/or the new registered off		ess on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	Virg	INIA NOVAL	<u>د</u>
New Registered Office Address:	107 8	Enter Florida street a	- dame
* SAME MGR) Abent wrong name	2000 00	Enter Florida street d	act of CV
when I me	City	, Florida	Zip Code
New Registered Agent's Signature if changing R			

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	= Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MG	R Virginia Noi	<u> </u>	Add ☐ Remove
			Add Remove
			Add Remove
	<del></del>		Add Remove
	<del>.</del>		AddRemove
			AddRemove
D. If a	Original Show Ginger AKA NAME FOR TA	r change(s) here: (Attach additional sheets, if need on "Nickwame"  T Virginia Novak ( X and Banking Purpose 328462	FORMAL PR
Dated_		Typed or printed name of signee	ON.

Page 2 of 2

Filing Fee: \$25.00