11000106826

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

Office Use Only



700306398797

12/08/17--01012--012 **25.00

J. HARRIS

COVER LETTER

TO: Registration Section of Corp.			
SUBJECT:	EVLM Name of Limi	VENTURES ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Chris Hansen Name of Person	1
		Firm/Company	
	1640	Starling Dy Address SCAS JA FT 34 City/State and Zip Code Micho De yahoo it to be used for future annual report notifications.	
		savasuta FT 34	1231
	Teco E-mail address: (t	mscho 1e 46hou, o be used for future annual report notifi	Com
For further information con	ncerning this matter, please ca		
Chi Name of	S Hangen Person	at (<u>419</u>) 283 Area Code Daytime	-108 5 Telephone Number
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

EVL M	VENTU	REJ LLC
(Name of the Limited Liability Com (A Florida Limite	d Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Comparison document number	ny were filed on	9/16/2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company her	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Lic	ability Company," the de-	esignation "L.I.C" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floria	ida street address
	City	, Florida 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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u> <u>Name</u> **Type of Action** Address Micheal Glasgo 11237 Madisun Park Dr DAdd Tampa FL 33625 Jakemove AMBR Scott Grain 3815 Lakeshore Dr DANG Tampa FL 33604 PRemove ☐ Change □ Add □ Remove ☐ Change _□ Change _D Add? _🛘 Remove ☐ Change _ 🗆 Add ☐ Remove ☐ Change

t i						_
						_
						_
		•	·			
<u></u>						
				· · · · · · · · · · · · · · · · · · ·		_
· · · · · · · · · · · · · · · · · · ·						_
						_
	 					_
						_
					<u> </u>	
se as the second material	ate of filing:	ant ha prior to data of	ilian or more than t	(optional)	Durmont to	605 0 20
Tective date, if other than the d	k does not meet i	the applicable statu	tory filing require	ements, this date	will not be l	isted a
ote: If the date inserted in this bloc	irtment of State	s records.				
ote: If the date inserted in this bloc						
ote: If the date inserted in this bloc ocument's effective date on the Dep	ffective date	but not an eff	ective time, a	t 12:01 a.m.	on the ea	rlier d
ote: If the date inserted in this bloc ocument's effective date on the Dep e record specifies a delayed of		, but not an eff	ective time, a	t 12:01 a.m.	on the ea	rlier (
ote: If the date inserted in this bloc ocument's effective date on the Dep e record specifies a delayed of The 90th day after the recor		, but not an eff	ective time, a	t 12:01 a.m.	on the ea	rlier (
ote: If the date inserted in this bloc ocument's effective date on the Dep e record specifies a delayed of The 90th day after the recor		, but not an eff	ective time, a	t 12:01 a.m.	on the ea	rlier (
ote: If the date inserted in this bloc ocument's effective date on the Dep e record specifies a delayed of The 90th day after the recor		, but not an eff	ective time, a	t 12:01 a.m.	on the ea	1:42
ote: If the date inserted in this bloc ocument's effective date on the Dep e record specifies a delayed of The 90th day after the recor	d is filed.	——————————————————————————————————————			on the ea	rlier o
ffective date, if other than the dan effective date is listed, the date must be tote: If the date inserted in this blococument's effective date on the Deport record specifies a delayed of The 90th day after the record ated	d is filed.	ber or authorized repr		nher	on the ea	1342

Page 3 of 3

Filing Fee: \$25.00