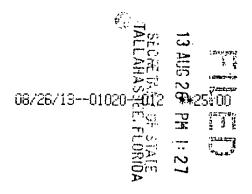
## L12000025646

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

**EVOLUCION 1922, 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:

JESUS CUE

Name of Person

WORLDWIDE BUSINESS SOLUTION CORP.

Firm/Company

6915 SW 57 AVE SUITE 222

Address

CORAL GABLES, FL 33143

City/State and Zip Code

JCUE@W-BSC.COM

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

For further information concerning this matter, please call:

JESUS CUE

Name of Person

305 803-7777

Area Code & Daytime 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

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

(A F)	orida Limited L	iability Co	mpany)	n out reco.	<u> </u>		
The Articles of Organization for this Limited Liab Florida document number <u>L12000025646</u>	ility Company	were filed	1 on 02/22	2/2012		_ and as	ssigned
This amendment is submitted to amend the follow  A. If amending name, enter the new name of the	C	ility comp	oany here:				
The new name must be distinguishable and end with t "L.L.C."				" the design	nation "LLC	or the	abbreviatio
Enter new principal offices address, if applicab	le:	6915	SW 57 A	VE			
(Principal office address MUST BE A STREET.		SUIT	E 222		Pa.		
		CORA	AL GABLI	ES FL 33	3143 <u>~</u> %	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u> </u>				AHASBEE, FL	VAC 58 PH I	In the second se
B. If amending the registered agent and/or registered agent and/or the new registered offic	e address her	<u>e</u> :		•			of the nev
Name of New Registered Agent:	WORLDWI	DE BU	SINESS	SOLUTIO	ON COM	· 	
New Registered Office Address:	6915 SW 5	7 AVE	SUITE 2	211			
			Enter	Florida str	reet addres	S	
	CORAL GA			, Flor	rida <u>3314</u>	13	
		Ciţy				Zip Cod	le
New Registered Agent's Signature, if changing Reg	gistered 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 paties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, V.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 Agend Stanature of New Registered Agent

Page 1 of 3

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 = N	Aanaging Member		
Title	Name	Address	Type of Action
			Add
			Remove
			_ 
			Remove
			Add
		TALLA TALLA	Remove
		LAHA HA	
		LAHASSEE, FLORIDA	N Add
		- LOS	Remove
			Remove
			Add
			Remove
			_

AUGUST 21	2013
	File
Signa	ture of a member or authorized representative of a member
JUAN G GONC	ALVES DE JESUS
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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JALLAHASSEE, FI ORIO.