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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bus	iness Entity Nar	me)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EVOLUTION CONSTRUCTION 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:
Name of Person
EVOLUTION CONSTRUCTION LLC Firm/Company
14040 PALM BEACH BLVO Address
FT. MYERS, FL 33905 City/State and Zip Code
PETRIJI7 & GMAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TAMES PETRI at (239) 690 - 0800 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & S60.00 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

(Name of the Limited Liability Compa) (A Florida Limited L	OCTION LLC ny as it now appears on our records.)	
(A Florida Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/09/20	and assigned
Florida document number <u>L12000089228</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	14040 PALM BE	and Bridge
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	FT. MYERS, FL.	
	33905	
B. If amending the registered agent and/or registered of		er the name of the new
registered agent and/or the new registered office address here	<u>e</u> :	<u>;</u>
		7
Name of New Registered Agent:		<u> </u>
V 2 10 10 10		24
New Registered Office Address:	Enter Florida street address	—
	2	THE STATE OF THE S
	, Florida _	Zin Office
	Cuiv	5,24 COM

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>Address</u> Type of Action Title Name 141 OCEAN PARK DR DAdd PETRI ANGELA R MGRM LEHIGH ACRES, FL. KREMOVE 33972 _____ Change MGR KENNETH C. KUMP 13533 ISLAND RO. XAdd FT. MYERS, FL. Remove 33905 Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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effective date is lis	ther than the date of ted, the date must be spec	cific and canno	et be prior to d	ate of filing or n	nore than 90 day			
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	es a delayed effect for the record is		but not a	effective	time, at 12	:01 a.m. on t	he earli	er
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Filing Fee: \$25.00