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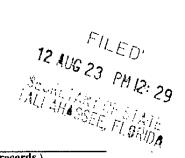


K.SALY EXAMINER AUG 2 4 2012

COVER LETTER

TO:	Registration S Division of Co					
SURII	rcT·	EVOL	JTION, L.L.C.			
Name of Limited Liability Company						
The en	closed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please	return all corresp	condence concerning this matter	to the following:			
			KELLY WILKEN			
	Name of Person					
	EVOLUTION, L.L.C. Firm/Company					
	175 SAND KEY ESTATES DRIVE					
			Address			
		CL	EARWATER, FL 33767 City/State and Zip Code			
		kellywi	Iken@evolution-Itd.com to be used for future annual report n	•		
For fu	rther information	E-mail address: (concerning this matter, please of		otification)		
	KE	ELLY WILKEN	at (847)	299-7755		
		of Person		time Telephone Number		
Enclos	ed is a check for	the following amount:				
▼\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		STREET/COU Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



EV	OLUTION, L.L.C.		A (IVI)
(Name of the Limited Liabil (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	07/18/2012	and assigned
Florida document number L12000093238	······································		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		, , , , , , , , , , , , , , , , , , , 	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, <u>enter (</u>	he name of the new
Name of New Registered Agent:			Manuaci kalangan manangan man
New Registered Office Address:	E	nter Florida street add	lress
	<i>D</i> .	. Florida	
where the state of	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Ġ

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>:

1

MGR = Manager

MGRM = Managing Member Address Type of Action <u>Title</u> Name MGR JERRY V JOHNSON 175 SAND KEY ESTATES DRIVE ☐ Add CLEARWATER EL 33767 Remove **KELLY WILKEN** 175 SAND KEY ESTATES DRIVE CLEARWATER, FL 33767 MGR ✓ Add Remove ☐ Add Remove Add
 Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or autiorized representative of a member **KELLY WILKEN** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00