*L12000132995

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	_
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700274721937

SECRETARY OF STATE AND A SHALL AND ASSEE, FLORIDA

15 JUL -7 PH 4: 48

700274721937 07/07/15--01016--011 **25.00

> K. SALY EXAMINER

JUL - 9 2015

COVER LETTER

TO: Registration Section ' Division of Corporations
SUBJECT: EVOLUTION ENERGY LUC 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:
THOMAS D. MARTENS
EVOLUTION ENERGY, WC
6605 SW 69th AVE.
South MIAMI FL 33193 City/State and Zip Code Thomas @evolutionenergyllc.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
THOMAS D. MARTENS at (305) 469-0497 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \(\begin{array}{c} \subseteq \$30.00 \text{ Filing Fee & Certificate of Status} \\ \begin{array}{c} \subseteq \$55.00 \text{ Filing Fee & Certificate of Status} \\ \begin{array}{c} \subseteq \$60.00 Filing Fee, Certificate of Status & Certificate

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 ARTICLES OF ORGANIZATION **OF**

ARTI	CLES OF O	RGANIZATION F	2015 JUL -7 PM 4: 48 ords.) ALLAHARRY OF CO
EVOLUTION (Name of the Limit)	ENERG ed Liability Compa (A Florida Limited I	ny as it now appears on our reclability Company)	Ords.) ALLAHASSEE, FLATE
The Articles of Organization for this Limited Li Florida document number <u>L 1200013</u>		were filed on 10 - 18	5-2012 and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of		_	
The new name must be distinguishable and contain the w	ords "Limited Liabil		
Enter new principal offices address, if applica		SOUTH MI	AMI, FL 33143
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	B <u>OX)</u>	6605 SW SOUTH MI	69th AVENUE AMI, FL 33143
B. If amending the registered agent and/or the new registered of			rds, enter the name of the new
Name of New Registered Agent:	ALN		
New Registered Office Address:	NA	Enter Florida street ad	iress
	NA		Florida
	Ţ	City	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: FILED MGR = Manager 2015 JUL -7 PM 4:48 AMBR = Authorized Member **Title** Name **Type of Action** <u>Address</u> □ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change _ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

	FII
	FILED 2015 JUL-7 PM 4:
4	
····	SLURETARY OF STATE TALLAHASSEE, FLORIO
, , , , , , , , , , , , , , , , , , ,	
	. {
tive date, if oth	her than the date of filing: N/A (optional) ed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to
: If the date inse	erted in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.
ment 3 enective (date on the Department of State's records.
	s a delayed effective date, but not an effective time, at 12:01 a.m. on the ea
e 90th day af	ter the record is filed
d June	30 / 2015
	$\frac{1}{\sqrt{h}}$
	Than I May
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00