L13000009954

(Re	equestor's Name))	
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(Ci	ty/State/Zip/Phor	ne #)	
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Mirage Tender 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:

Jarrett Bryzek

Name of Person

Mirage Tender LLC

Firm/Company

2019 SW 20th Street Suite 226

Address

Ft. Lauderdale, FI 33315

City/State and Zip Code

jarrett@iynboats.com

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

For further information concerning this matter, please call:

Jarrett Bryzek

954,540-2341

Name of Person

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 ARTICLES OF ORGANIZATION **OF**

Mirage Tender LLC

(Name of the Limited L.) (A F.)	lorida Limited Lia	as it now appears on our bility Company)	records.
The Articles of Organization for this Limited Liab Florida document number <u>L13000009954</u>	oility Company w	ere filed on <u>January 1</u>	8, 2013 and assigned
This amendment is submitted to amend the follow	ving:		γ
A. If amending name, enter the new name of the	he limited liabili	ty company here:	
Evolution Tenders LLC			
The new name must be distinguishable and end with t "L.L.C."	the words "Limited	Liability Company," the	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applicab	de:	Same	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:		230 East Trillium Ci	rcle
(Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	Green Bay, Wi 543	13
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our reco	rds, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			da street address
		City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered		•	r - · ·

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> Same Remove Remove Remove

essary.)

Page 3 of 3

Filing Fee: \$25.00