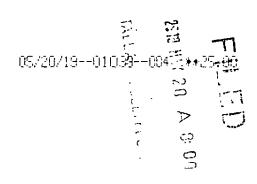
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| (Requestor's Name) |
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| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| (60), 2000-2, 2000-1, |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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D SCOTT

JUN - 6 2019

COVER LETTER

| TO: Registration Division of | n Section Corporations | | | | | |
|------------------------------|---|---|-----------------------|-------------|------------|-----|
| Evans I | nsurance, LLC | | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | | |
| | s of Amendment and fee(s) are sub | - | | | | |
| | Joseph Evans | | | | | |
| | . | Name of Person | | _ | | |
| | Evans Insurance, LLC | | | | | |
| | | Firm/Company | | _ | ~ 2 | |
| | 4312 Diamond Terrace | | | | 25日 日江 | 1 |
| | | Address | | - ′ | ~.) | |
| | Weston, FL 33331 | | | , , , | コン | |
| | evansfin@bellsouth.net | City/State and Zip Code | | | , e ao | وري |
| | | to be used for future annual report | notification) | | | |
| For further information | on concerning this matter, please co | aH: | | | | |
| Joseph Evans | | 954 560.6000 at () | | | | |
| Nar | ne of Person | Area Code Day | vtime Telephone Numbe | er | • | |
| Enclosed is a check f | or the following amount: | | | | | |
| ■ \$25.00 Filing Fee | e S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certifie | ate of St | atus & | |
| | | | | | | |

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

| Evans Insurance, LLC | | |
|--|--|------------------------------------|
| (<u>Name of the Limited Liability</u> (A Florida | y Company as it now appears on our Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Liability Co | ompany were filed on August 6, 2 | and assigned |
| Florida document number L13000110798 | • | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | |
| The new name must be distinguishable and contain the words "Limi | ted Liability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | - ~2 |
| (Principal office address MUST BE A STREET ADDR | ESS) | |
| | | |
| | | 2 - 7 |
| Enter new mailing address, if applicable: | | |
| •• | | 50 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or regist | ared affice address on our re | scords ontar the name of the ne- |
| registered agent and/or the new registered office addr | | ecords, enter the name of the ne |
| | | |
| Name of New Registered Agent: | | |
| - | | |
| New Registered Office Address: | Enter Florida street | uldroce |
| | man man direct | |
| | City | Florida Zip Code |
| | 1 14) | zaji cota: |

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---------------|----------------------|----------------|
| MGRM | Ariadna Evans | 4312 Diamond Terrace | |
| | | Weston, FL 33331 | Add |
| | | | ■ Remove |
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| etive date, if other that effective date is listed, the d if the date inserted in ment's effective date or | ate must be specific this block does n | and cannot be prior of meet the app | licable statutor | ng or more than S y filing require | (optic 0 days after ments, this | filing.) Pe | orsuant to 605.0 |
| record specifies a de The 90th day after th | elayed effectiv e record is filo | re date, but r ed. | not an effec | tive time, al | : 12:01 a | .m. on | the earlie |
| May 17 | | 2019 | . | | | | |
| 1 | | | | | | | |

Page 3 of 3

Filing Fee: \$25.00