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COVER LETTER

Division of Corp		
SUBJECT:	EV Innovations LLC Name of Limited Liability Company	
	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	Name of Person	
	EV Inncvations LLC Firm/Company	
	5057 Mulat Rd Address	
	Milton FL 32583 City/State and Zip Code	
	Snaptwo 2 @ gmail.com E-mail address: (to be used for future Annual report notification)	
For further information co	oncerning this matter, please call:	
-\ames	Person at (850) 384 4409 Area Code Daytime Telephone Number	
Enclosed is a check for the	e following amount:	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status & 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

2019 19 Pit 4:31 EV Innovations LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____________________________ and assigned Florida document number 4/4000 23608 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Fodder Innovations LLC

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." 5057 Mulat Rd MiHon FL 32583 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 5057 Molat Rd Milton, FL 32583 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 aniending 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>Title</u>	<u>Name</u>	Address	Type of Action
-	<u> </u>		Add
			□ Remove
			Change
			Remove
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			Add
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			Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Change Ownership Participation to:
Jenniser McGaugh = 5,000 James Vasser = 49%
Change Titles to:
- James Vasser = Member Manager
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 4-16. 2019. Signature of a member or authorized representative of a member
Typed or printed name of supper

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Filing Fee: \$25.00