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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: EVA	Name of Limit	ited Liability Company	· C
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	•
For further information of Violet K	Violet K  EVANS  750 S.  Orlando  Violetkayeve E-mail address: (1)  concerning this matter, please can  EVANS  of Person	at ( <u>407</u> ) <u>373-</u> :	S. LLC. ALLASSET FEDRIO.  S. LLC. ALLASSET F
Enclosed is a check for the	he 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)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVANS Who (Name of the Limited L	le Sale Autos, LL ( jability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil		and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	2011
The new name must be distinguishable and end with the word	ls "Limited Liability Company," the designation "LLC" or	r the abbreviation 2.L.C."
Enter new principal offices address, if applicable	e:	55 - P
(Principal office address MUST BE A STREET A	DDRESS)	THE TOTAL TO
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del>-</del>
	. Florid	a
<del>-</del>		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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Address Type of Action** <u>Title</u> Name | Authorized Representive - Robert Lee EVANS-1204 Avalou Rd winter Garden, FL 34787 ☐ Add ☐ Remove □ Add ☐ Remove □ Add ☐ Remove \_□ Add ☐ Remove

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e effective dat e date this do	cument is filed by the Florid	e prior to date of receipt or fil a Department of State)		(optional) than 90 days after	ion sep 1
ated <u></u>	ept. 16th	, 2014		38E(. )	건 (ST ) 및 (ST
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Filing Fee: \$25.00