# L14000149886

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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|                         |                    |             |

- TimOffice Use Only



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# COVER LETTER a

| TO: Registration Division of | on Section<br>f Corporations                  |   | *  |
|------------------------------|---|---|--|
| Evolution Evolution          | ution Networks, LLC                           | ·   |  |
|                              | Name of Lin                                   | ited Liability Company  |  |
| The enclosed Article         | es of Amendment and fee(s) are sub            | omitted for filing.   |  |
| Please return all cor        | respondence concerning this matter            | to the following:   |  |
|                              | Christopher Bagley                            |   |  |
|                              |   | Name of Person  |  |
|                              | Evolution Networks,                           | LLC   |  |
|                              | <del></del>                                   | Firm/Company  |  |
|                              | 4930 SW 185th Ave                             | enue  |  |
|                              |   | Address   |  |
|                              | Miramar, FL 33029                             |   |  |
|                              | chris@evo-networks                            | City/State and Zip Code   |  |
|                              | E-mail address:                               | to be used for future annual report notif                           | fication)  |
| For further informat         | tion concerning this matter, please c         | all:  |  |
| Christopher Ba               | ıgley   | 954 431-7759<br>at ()   |  |
| N                            | ame of Person                                 | Area Code Daytime   | e Telephone Number   |
| Enclosed is a check          | for the following amount:                     |   |  |
| \$25.00 Filing Fo            | ee \$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

# TO ARTICLES OF ORGANIZATION OF

FILED

2014 DEC -5 AN II: 50

**Evolution Networks, LLC** 

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

HALL AHASSEE, PLORIDA

| The Articles of Organization for this Limited Liability L14000149886 | Company were filed on                             | and assigned                   |
|--|---|--------------------------------|
| Florida document number  | ·   |                                |
| This amendment is submitted to amend the following:                  |   |                                |
| A. If amending name, enter the new name of the li                    | mited liability company here:                     |                                |
| The new name must be distinguishable and end with the words "        | Limited Liability Company," the designation "LLC" | ' or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                  |   |                                |
| (Principal office address MUST BE A STREET AD)                       | DRESS)  |                                |
|  |   |                                |
| Enter new mailing address, if applicable:                            |   |                                |
| (Mailing address MAY BE A POST OFFICE BOX)                           |   |                                |
|  |   |                                |
| B. If amending the registered agent and/or reg                       |   | enter the name of the new      |
| registered agent and/or the new registered office ac                 | ddress here:                                      |                                |
| Name of New Registered Agent:  |   |                                |
|  |   |                                |
| New Registered Office Address:                                       | Enter Florida street address                      |                                |
| <u></u>  | , Flor  | ida                            |
|  | 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

## Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>        | Type of Action |
|--------------|----------------|-----------------------|----------------|
| MGR          | Albert Masella | 3134 NW 109th Terrace | □ Add          |
|              |                | Sunrise, FL 33051     | Remove         |
| AMBR         | Albert Masella | 3134 NW 109th Terrace |                |
|              |                | Sunrise, FL 33051     | Remove         |
|              |                |                       |                |
|              |                |                       |                |
|              |                |                       |                |
|              |                |                       | □ Remove       |
|              |                |                       |                |
| <del></del>  |                |                       | □ Add          |
|              |                |                       |                |
|              |                | 2000000               |                |
|              |                |                       | Remove         |

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| ·   |  |                               |
| ctive date, if other than the d   | ate of filing:   | (optional)                    |
| ctive date, if other than the de  | ate of filing:  be prior to date of receipt or filed date and cannot be prior to date of receipt or filed date and cannot be prior to date and | (optional)                    |
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Page 3 of 3

Filing Fee: \$25.00

