

L14000149886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

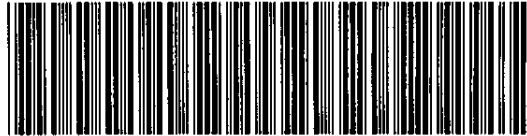
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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N. Gulligan

DEC 12 2014

COVER LETTER

TO: Registration Section
Division of Corporations

Evolution Networks, LLC

SUBJECT: _____
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:

Christopher Bagley

Name of Person

Evolution Networks, LLC

Firm/Company

4930 SW 185th Avenue

Address

Miramar, FL 33029

City/State and Zip Code

chris@evo-networks.com

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

For further information concerning this matter, please call:

Christopher Bagley

954 431-7759

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

Page 1 of 3

Authorized Member being added or removed from our records:

MGR = Manager

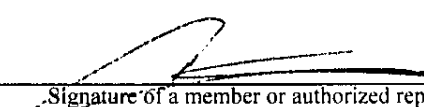
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Albert Masella	3134 NW 109th Terrace	<input type="checkbox"/> Add
		Sunrise, FL 33051	<input checked="" type="checkbox"/> Remove
AMBR	Albert Masella	3134 NW 109th Terrace	<input type="checkbox"/> Add
		Sunrise, FL 33051	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 2, 2014



Signature of a member or authorized representative of a member

Christopher Bagley

Typed or printed name of signee

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