L150000 73187

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

Office Use Only



600325775656

03/07/19--01016--001 **25.00

15 12 PM 1: 31

Name Chang

MAR 1 6 2019

D CUSHING

COVER LETTER

Division of Corp	porations			
6.1.				
SUBJECT: <u>Evolv</u>	e Beyond, LLC Name of Limi	tted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	C	C		
	Jesus M) Delgado		
		Name of Person		
	Delanda (Contact Montace	Graun 110	
	Dergado (Capital Venture	<u> </u>	
	17013 0	12 ⁿ² Ave SE		
	<u> </u>	Address		
	al alo.	c. 24.12		
	Naples,	FC 34117 City/State and Zip Code		75
		ndel gado 70 9 n	nail.com	
	h-mail address: ()	to be used for future annual report potit	ication)	ي ي
For further information ed	oncerning this matter, please ea	all:		
Jesus M.	Delgado	at (239; 265-	1489	Di 1: 01
Name of	Person	Area Code Daytime	Telephone Number	- 0
Enclosed is a check for th	e following amount:			
X \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Finng Fee & Certified Cepy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Stat Certified Copy (additional copy is en	aus &

MAILING ADDRESS:

Registration Section

TO:

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**

Evolve Beyond, LLC			
Evolve Beyond, LLC (Name of the Limited Liab) (A Flori	da Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability	_	•	signed
Florida document numberL150000 73187	3	, -	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	nited liability company here:		
Delgado Capi tal Vento. The new name must be distinguishable and contain the words "Li	mited Liability Company," the designa	tion "LLC" or the abbreviation "i	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
		•	· _
Enter new mailing address, if applicable:		موان به در د	
			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg	istored office address on our	records ontor the name	o like
registered agent and/or the new registered office ad		records, enter the name	i or me nev
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida str	vet address	
		, Florida	
	City	Zip Code	,

New Registered Agent's Signature, if changing Registered Agent:

Evolve Beyond,

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, 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
			□ Remove
			☐ Change
			_ _ \dd
			☐ Remove
			Change
			Add
		<u></u>	C Remove
			Change
			Remove
			Remove
			Change
			Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.
vated	March 4th 2019
	Signature of a member or authorized representative of a member
	Jesus M. Delgado Typed or printed name obligace

Page 3 of 3

Filing Fee: \$25.00