## 115000183527

(Re	questor's Name)	
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Mr. S. Mis

To Whom it May Concen:

We made AN error And filed A name change. This is requesting it be changed back.

THE ED A III: 40

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: EVOlution Homes LLC 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:
James Pith
Actisan Buillers of Northeast Florida LLC Firm/Company
PO Box 600623
SACKSONVILLE S2260 City/State and Zip Code.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:  SAMES  THE at (904) 679-1700 8  Name of Person  Area Code  Daytime Telephone Number 8
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$  Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}  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

Evolution >	tomes LLC				
( <u>Name of the Limited Liability (</u> (A Florida Lii	Company as it now appears on our records. mited Liability Company)	)			
The Articles of Organization for this Limited Liability Com Florida document number <u>L1500018352</u> .	npany were filed on 10 28 2	2015	_ >_ and as	signed	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited  The new name must be distinguishable and contain the words "Limited"	brtheast Florida	or the abbi	reviation "I	L.L.C."	_
Enter new principal offices address, if applicable:		. <u>–</u>	<u>.</u>		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					_ 
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter tl	he name	of the	new
Name of New Registered Agent:		AHAN	ÀU6	7	<del></del>
New Registered Office Address:		SEX.	22	dayen.	, ' 
	Enter Florida street address	ida:	A =	0	<u>.</u> !
<del> </del>	City'	Shi Shi	Zttp Code		-
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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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

TRIVIDIC 7	Authorized Member		
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Filing Fee: \$25.00