

L15000209831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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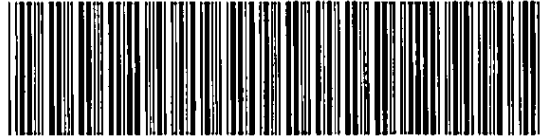
(Business Entity Name)

(Document Number)

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18 OCT 18 AM 11:35

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EVOLUTION HEALTH SERVICES, 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:

VILTAIRE VOLTAIRE

Name of Person

EVOLUTION HEALTH SERVICES, LLC

Firm/Company

2515 N STATE ROAD 7, SUITE 208

Address

MARGATE, FL 33063

City/State and Zip Code

EHS.USTRaining@GMAIL.COM

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

For further information concerning this matter, please call:

VILTAIRE VOLTAIRE

786 709-5895
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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 HEALTH SERVICES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/18/2015 and assigned
Florida document number L15000209831

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain 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 ADDRESS)

EVOLUTION HEALTH SERVICES, LLC

2515 N STATE ROAD 7, SUITE 208

MARGATE, FL 33063

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

VILTAIRE VOLTAIRE

PO BOX 382058

MIAMI, FL 33238

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

VILTAIRE VOLTAIRE

New Registered Office Address:

2515 N STATE ROAD 7, SUITE 208

Enter Florida street address

MARGATE

City

, Florida 33063

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 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>	<u>Address</u>	<u>Type of Action</u>
CEO	VILTAIRE VOLTAIRE	447 NW 83 STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33150	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	ROSNY SIMEON	2515 N STATE ROAD 7, SUITE 208	<input type="checkbox"/> Add
		MARGATE, FL 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	JOANNE SIMON	6607 SALTAIRE TERRACE	<input type="checkbox"/> Add
		MARGATE, FL 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

VILTAIRE VOLTAIRE AND ROSNY SIMEON CANCELLED ALL PREVIOUS AGREEMENT THAT WAS SIGNED ON 3/22/2018.

PLEASE SEE ATTACHED DOCUMENT FOR A COPY OF THE CANCELLATION AGREEMENT THAT WAS SIGNED ON 7/28/2018.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

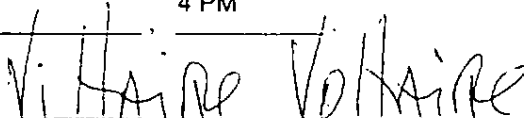
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 7/28/2018

4 PM



Signature of a member or authorized representative of a member

VILTAIRE VOLTAIRE

Typed or printed name of signee

Agreement Between Rosny Simeon and Viltair Voltaire

Transfer of ownership Agreement

A. Responsibilities of Rosny Simeon

1. He will assume full responsibility for Evolution Health Services after signing this agreement.
2. He will be responsible for staffing, budget, Commission of Independent Education issues, and Board of Nursing Regulation.
3. He is free to add and remove staff (s) to Company Board Member(s)
4. He is responsible financially ^{of} any new location.
5. He will pay for the Commission of Independent Education Annual fee at time of Annual License Application.
6. He is responsible to file all the Certified Public Accounting paperwork for the company
7. He is responsible to hire or obtain Professional Help for the Annual License
8. He agrees to pay \$250, 000.00 to Viltair Voltaire. Payment will be made of \$50,000 a year for the next 5 years. First Payment start April 1, 2019 for the amount of \$ 50, 000.00
9. He agrees to take full ownership of the Company.
10. He agrees that Viltair Voltaire will only be there to assist him in the Transition.
11. He agrees that after two years, Viltair Voltaire does not have any obligation to corporate in the Transition Process.
12. He agrees that he is responsible to meet all financial, ethical, educational, and management guideline to fully operate Evolution Health Services and/or Evolution Health Academy.
13. He agrees that Viltair Voltaire is free to remove his personal bank information with Pro Weaver, FaceBook, Google, Bing, Yext, Yelp.
14. He agrees that Viltair Voltaire will keep the email address ehs.ustraining@gmail.com and the cell phone number **786-709-5895** so he could address all the old customers that had used the Company Services.

B. Responsibilities of Viltair Voltaire

1. He will assist in the Transition Process
2. He will cooperate with Evolution Health Services Team to get the Annual License for Evolution Health academy.
3. He agrees to transfer all bank accounts, equipment, books, business files, and so on.
4. He agrees that he could no longer use Company Bank Account, Logo, Seals, Letterhead form.
5. He agrees that he could no longer talk on behalf of Evolution Health Services, or Evolution Health Academy.
6. He agrees to remove his name as Program Director for Evolution Health Academy.
7. He agrees to step down as Company Manager.



SHARONDA DICKERSON
Commission # GG 185223
Expires December 4, 2019
Bonded Thru Budget Notary Service