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COVER LETTER

	legistration Sec Pivision of Cor				
SUBJECT	, F	ans To Fort	une LLC		
SUBJECT) 	Name of Lim	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırn all correspo	ndence concerning this matter	to the following:		
			Ian Smith		
			Name of Person		
		Evolv	e Energy LLC	,	
•			Firm/Company		
		8631	Rosa Vista Av	/e	
			Address		
		Orla	ando, FL 3281	0	
		•	City/State and Zip Code		
			ianjs@live.com	AAC 2316	
For further	r information co	E-mail address: (to be used for future annual report notifiall:	cation) ARAS JAN 2	
	lan S	Smith	at () 407-	496-3377	
	Name of	f Person	Area Code Daytime	Telephone Number	ر ان ان
Enclosed i	s a check for th	e 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 Fe Certificate of S Certified Copy (additional copy is	tatus &

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

Fans To Fortune 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 (Florida document numberL16000001850	Company were filed on	1/4/16	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>ne</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the de	signation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter	
Name of New Registered Agent:		NSS.	-
New Registered Office Address:		da street address Company Comp	
	City	> 0	³ 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

OF PEINOVER ITOM OUT TECOTUS:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maxwell Finn	9028 DOWDEN ROAD APT. 30)1 ☑ Add
		Orlando, FL 23827	□ Remove
			Change
			□ Add
			☐ Remove
			Change
<u></u>			□ Add
			□ Remove
			Change
		AUTO JAN 23	□ Remove
		SEE FLORIDA	∏7 □ Chg nge
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			Sing Sing	25	
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ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior	or to date of filing	or more than 90 da	(option	nal) line Pu	suant to 605.0
: If the date inserted in this block does not meet the application ment's effective date on the Department of State's records	cable statutory	filing requireme	nts, this c	late will	not be listed
ecord specifies a delayed effective date, but no se 90th day after the record is filed.	ot an effectiv	ve time, at 17	2:01 a.	m. on	the earlier
d January 20, 2016,)			
Ian Smith		am			
Signature of a member or auth	horized representa	ative of a member			
lan Smi	ith				

Page 3 of 3

Filing Fee: \$25.00