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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT: EV	Olution Aut	to Group UC ited Liability Company		•	
	Amendment and fee(s) are submodence concerning this matter				
	Tatti,	Mos cow Name of Person		-	
	James Allen	V TAX & ACCOUNTINE Firm/Company	ting	_	
	1621 E Ed	gewood Dr Ste		SECRE TALLA	
	Cakeland	Horida 3380 City/State and Zip Code	>3	JL 27	=ILED
	E-mail address: (i	to be used for future annual report notifi	ication)	F STATE	O
For further information co	oncerning this matter, please ca	all:		25 4-	
Patti Mos		at ( <u>863</u> ) <u>683 - 1</u> Area Code Daytime	968 Telephone Numbe	er	
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	

### 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

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 June 16, 2016 and assigned Florida document number L16000116837 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.U.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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 = M $AMBR = A$	lanager Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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Filing Fee: \$25.00