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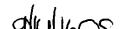
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COVER LETTER

Division of Corpor		·		
SUBJECT: Dr	Evolution	UC		
•	Name of Limit	ted Liability Company		
		,		
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.		•
Please return all corresponde	nce concerning this matter t	o the following:	<u>. شعر وي ويموم مراحم .</u>	مهمد بندی
	Bolanda	Bellmy Jewell	1 St Jours	•
		Name of Person		

		Firm/Company		
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	2 2 1 1 2	City/State and Zip Code UCO Qmail.	Λ.	TALL SEC
-	E-mail address: (to	o be used for future annual report		智智五
For further information conc	erning this matter, please ca	11:		ASSET IN
Balanda Bellny Name of P	Jewell & Juis		1 - 6463 time Telephone Number	
		·	•	DA DE
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e 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

Bot Evolution	110	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L 16000 133 71</u>	ility Company were filed on 07/15 3016	and assigned
This amendment is submitted to amend the follow	ring:	,
A. If amending name, enter the new name of th	ne limited liability company here:	٠
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	W
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter	the name of the new
		智智
Name of New Registered Agent:		SS TH
New Registered Office Address:	Enter Florida street address	
		85 5
-	, Florida	Zin Coda

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 **Title Name** Type of Action **Address** □ Remove * Change from CEOTO MGT* Change Bruanna (Hmorat ☐ Change 🗖 Add ☐ Remove ☐ Change □ Remove ☐ Change □ Add □ Remove ☐ Change

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effecti <u>e:</u> If 1	ive date is listed, th the date inserted	than the date of a le date must be specified in this block does on the Department	ic and cannot t not meet the	applicable stat	filing or more utory filing re	(option of the contract of the	filing.) Pursua	nt to 605.03 t be listed
ecor ne 90	d specifies a Oth day after	delayed effecti the record is fi	ve date, b led.	ut not an ef	fective time	e, at 12:01 a	.m. on the	e earlier
	August	30th	,8	016				
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Page 3 of 3

Filing Fee: \$25.00