616000196889

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SECRETARY OF STATE OF

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	LITAMOR (CLEANING SERVICES, LLC		
30BJEC1	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Name of Person		
	LEGIT	LEGIT CONSULTING SERVICES, LLC		
		Firm/Company		
	6735 CO	NROY WINDERMERE RD STE	233	
	 	Address		
		ORLANDO, FL 32835 City/State and Zip Code		
				
		USINESS@LEGITCS.COM	of the second second	
rate de l'estat		to be used for future annual report no	uncation)	
For turiner information c	oncerning this matter, please c	311:		
FABIANA DE	BARROS	407 2852290 at ()		
Name o	l'Person	at () Area Code Daytir	ne Telephone Number	
Enclosed is a check for th	ne 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 Addres Registration S Division of C	Section	Street Address: Registration So Division of Co		
P.O. Box 632	7	The Centre of		
Tallahassee, I	FL 32314	2415 N. Monro	pe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LITAMOR CLE	EANING SERVICES, LLC	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Corida document number L16000196889	Company were filed on 10/25/2016	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
EVOLUTION LITAMOR SI	ERVICES, LLC	
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		#1.F .
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new regist
gent undrot the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	5.5
	, FI	orida
	City	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 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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			Remove
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			□Change
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			□ Change
			🗆 Add
			□Remove

N/A	
	
	
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ettive effecti	date, if other than the date of filing: (optional) re 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 605.0
<u>te:</u> If t	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
umeni	's effective date on the Department of State's records.
cord sp s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
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ed	AUG 8 2022
	Klad B. S
	XIIAWEAP!
	Signature of the Restrict 1888 - 2022 15 30 ED To a member
	Signature of it member all the red years to take the member