

L17 0000 71561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

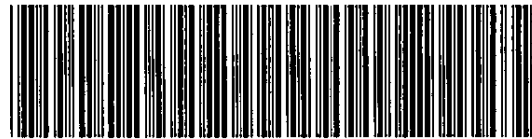
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 APR 27 PM 3:21

N COOPER

APR 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Evolution Insurance Solutions 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:

Heather Larrea
Name of Person

Evolution Insurance Solutions LLC
Firm/Company

7320 Griffin Rd Ste 104
Address

Davie FL 33314
City/State and Zip Code

hlarrea@heather@evolutioninsurance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Larrea at 904 289 2366
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

Evolution Insurance Solutions LLC

The Articles of Organization for this Limited Liability Company were filed on 3/29/17 and assigned
Florida document number L17000071561

Page 1 of 3

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>
MBR	Angela M. Molina	1120 SW 32 St	☐ Add
		Fort Lauderdale FL	☒ Remove
		33315	☐ Change
MEM	GR Capital LLC	1000 Seminole Dr Ste 500	☐ Add
		Fort Lauderdale FL	☒ Remove
		33304	☐ Change
			☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

18 APR 27 PM 3:32

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 3-15-18 (optional)

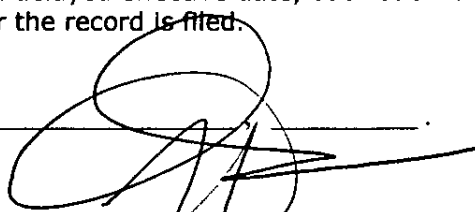
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 _____



Signature of a member or authorized representative of a member

Heather Lawrence

Typed or printed name of signer