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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
s to Filing Officer:

Office Use Only



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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:		es Group LLC	·		
Name of Limited Liability Company					
The enclosed	d Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return	all correspon	dence concerning this matter t	to the following:		
		Jeremy Cope			
			Name of Person		
		Evans Services Group LLC			
			Firm/Company	· • • • • • • • • • • • • • • • • • • •	
6103 Andrea Drive					
	Address				
Lakeland / Florida, 33813					
			City/State and Zip Code		
		Jeremy@EvansServices.Net			
		E-mail address: (t	o be used for future annual report notif	fication)	
For further in	nformation co	ncerning this matter, please ca	dl:		
Jeremy Cop			863 838-6632 at ()		
	Name of	Person	Area Code Daytime	e Telephone Number	
Enclosed is	a check for the	e following amount:			
■ \$25.00 F	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:

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TO:

Registration Section

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

and assigned and assigned are abbreviation "L.L.C."
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, enter the name of the

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orida 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

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
MGR	Jeremy J Cope	6103 Andrea Drive	
			■ Add
		Lakeland Fl. 33813	
			Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing of	or more than 90 days after filing.) Pursuant to 605.0
te: If the date inserted in this block does not meet the applicable statutory fument's effective date on the Department of State's records.	iling requirements, this date will not be listed
record specifies a delayed effective date, but not an effectiv he 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier
September 11 , 2018	
red September 1	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00