

L17000156286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

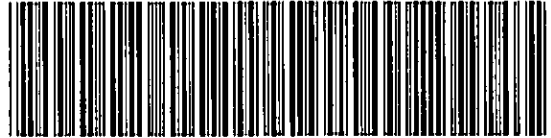
(Business Entity Name)

(Document Number)

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2020 MAY 28 AM 7:15  
CLERK'S OFFICE  
HARRISBURG, PA

am  
6/19/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Amalgatron Consulting Group, 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:

Jason Bonner  
Name of Person

Amalgatron Consulting  
Firm/Company

5035 Solar Point Dr.  
Address

Greenacres, FL 33463  
City/State and Zip Code

Mybonnergroup@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Bonner at ( 561 ) 704-8600  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2020 MAY 28 AM 7:15

Amalgatron Consulting Group, LLC

(Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company)

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/21/2017 and assigned Florida document number L17000156286

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EV Noire, LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Shelley Francis  
11820 MIRAMAR PKWY #226  
MiamaR, FL 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11820 Miramar PKWY #226  
Miramar, FL 33025

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jason Bonner

New Registered Office Address:

11820 Miramar PKWY #226

Enter Florida street address

MIRAMAR

City

Florida

33025

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.

JHB

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Pics.</u>	<u>Ezekiel Edmonds III</u>	<u>307 Baker Dr.</u>	<input type="checkbox"/> Add
		<u>WPB, FL 33409</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Sec.</u>	<u>Don Millender</u>	<u>4177 Omega Cir</u>	<input type="checkbox"/> Add
		<u>WPB, FL 33407</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

**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.

Dated MAY 21, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee