L1700201030

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COVER LETTER

TO: Registration Se Division of Cor			1
SUBJECT: E	volution I	IR LLC.	1
	Name of Lin	nited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.	I
Please return all correspo	ndence concerning this matter	to the following:	
	Tausto	R, Villar Name of Person	1
		Name of Person	
	<u></u>	Firm/Company	
	6445 =	Address	Apt. 610
		Address	
	Miami, 7	City/State and Zip Code	
	/	City/State and Zip Code	
	FAUSTOR VI	llar Egmail. Com	
			atton)
	oncerning this matter, please c		
Fausto R	Villar	at (786) 260 2 Area Code Daytime	2876
Name of	Person	Area Code Daytime	Lelephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & - Certified Copy tadditional copy is enclosed)	Certified Copy Cadditional copy is enclosed)
Registra Division P.O. Bo	NG ADDRESS: ttion Section 1 of Corporations \times 6327 ssee, FL 32314	STREET/COURTE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Evolution =	IRR	LLC.			
(<u>Name of the Limited Lia</u> (A Flo	ability Company orida Limited Lia	as it now appears on oubility Company)	<u>ir records.</u>)		
The Articles of Organization for this Limited Liabilit	ty Company w	ere filed on	138/20	₹ <mark>7</mark> and ass	igned
Florida document number <u>L170002010</u>					
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the			1		
EVALUTION FR R The new name must be distinguishable and contain the words "	"Limited Liability	· Company," the designat	ion FLLC" or the	ubbreviation "L.1	IC."
Enter new principal offices address, if applicable:	:				
(Principal office address MUST BE A STREET AL	DDRESS)		_ <u> </u>		
			<u> </u>		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX	2		 		
			·		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ce address on our	records, ento	er the name o	of the new
			t	7: 7:	
Name of New Registered Agent:			+	<u>ن</u> ليا ج	
New Registered Office Address:		Enter Florida stre	of tel boss	: <u>:</u> ::	
		i,mi i amaa me	1	, -	
	 	City	Florida _	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

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

MGR = N AMBR = A	lanager Authorized Member		
<u> Fitle</u>	Name	Address	Type of Action
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			☐ Change
			□ Remove
			☐ Change
			□ Add
			Remove
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			☐ Change - ¬
		1	☐ □ □ Remove
			☐ Change
			, Add
			☐ Remove
			□ 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
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				□ Remove
			!	Change
		<u> </u>		Remove
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Effective d	ate, if other than the date of filing:	(optional)	O :1
(If an effective Note: If the	date is listed, the date must be specific and cannot be prior to date of filing or more date inserted in this block does not meet the applicable statutory filing	e than 90 days after filing.) requirements, this date v	Pursuant to 605:0207 (will not be listed as t
	effective date on the Department of State's records.		ည က
		5	ca
	specifies a delayed effective date, but not an effective tin h day after the record is filed.	ne, at 12 01 a.m. c	on the earlier of:
Dated	10/02/2017		
	10/02/2017 Taus A Villar Signature of a member or authorized representative of	,	
-	Signature of a member or authorized representative of	f a member	
	FAUSTO R. Villar Typed or printed name of signee	ļ.	

Page 3 of 3

Filing Fee: \$25.00