## L18000083202

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R. WHITE APR 2 6 2019



## **COVER LETTER**

	egistration Sec ivision of Corp		4	
011 <b>0 10 0</b> 7	EVOLVE P	ATH LLC	·	
SUBJECT	i	Name of Limi	ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	irn all correspo	ndence concerning this matter	to the following:	
		Marcela Gil		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Manuel Diner P.A.		
			Firm/Company	
		2800 Westo Road, Suite 20	)4	
			Address	
		Weston, FL 33331		
		mdiner@dinerlaw.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notific	cation)
For further	r information co	oncerning this matter, please ca	all:	
Marcela G	iil		305 825-8151	
	Name of	Person		Telephone Number
Enclosed i	s a check for th	e following amount:		
<b>■</b> \$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:

TO:

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

Figure

**EVOLVE PATH LLC** 

LLC 2019 APR 17 PM 6: 26 (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/02/2018}{1}$ and assigned Florida document number L18000083202 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address \_. Florida \_\_\_

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
MGRM	Eliana Ruth Serrano Becerra	8600 NW SOUTH RIVER DRIVE, SUITE 222. MEDLET FL 33166	🖨 Add
			Remove
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