

<u>.</u>		
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	1
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DIVISION OF COMPONATION

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COVER LETTER

Ev	on of Corp volution S	Security LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed A	rticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspor	ndence concerning this matter	to the following:	
		Randy P Waters		
			Name of Person	
		Evolution Security LLC		
	Firm/Company 3609 Delwood Drive			
	Address			
		Panama City Beach, FL	32408	
		bones712406@yahoo.co	City/State and Zip Code	
			to be used for future annual report notif	ication)
For further infor	rmation co	oncerning this matter, please ca	all:	
Randy P Wate	ers		850 276-7409	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a ch	eck for the	e following amount:		
■ \$25.00 Filin	g 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
		NG ADDRESS:	STREET/COURIE	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Evoltuion Security LLC					
(<u>Name of the Limited</u> (A	Liability Company Florida Limited Lia	as it now appears on oblity Company)	our records.)		
The Articles of Organization for this Limited Liab	oility Company w	ere filed on April 2,	2018	_ and ass	igned
Florida document number L18000083693	·				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	ne limited liabili	ty company here:			
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the designation	ation "LLC" or the abbr	eviation "L.	L.C."
Enter new principal offices address, if applicab	le:				· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET.	ADDRESS)			ಹ_	<u>∑</u> <u>∠</u>
				A C	SCS
				=	육충골
Enter new mailing address, if applicable:					- <u>22</u>
(Mailing address MAY BE A POST OFFICE BO	<u>DX)</u> .				_ <u>\$</u>
				<u> </u>	
B. If amending the registered agent and/or		ce address on our	records, enter th	ie name	10
registered agent and/or the new registered offic	e address nere:				
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida st			
		Enter Fiorida si	reet aaaress		
		Citv	, Florida	Zip Code	
New Registered Agent's Signature, if changing Reg	istered 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
AMBR	Gary L Street	1320 Buena Vista Blvd Lot 37	
		Panama City, FL 32401	■ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Add
		☐ Remove	
			☐ Change
			Add
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ffective date, if other than (ha data of Glimm 04/30/2018	(antianal)
an effective date is listed, the date	nust be specific and cannot be prior to date of filing or more than	
	block does not meet the applicable statutory filing requi Department of State's records.	irements, this date will not be listed as
e record specifies a delay The 90th day after the r	red effective date, but not an effective time, ecord is filed.	at 12:01 a.m. on the earlier o
ated	2018	
	7	

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Typed or printed name of signee

Filing Fee: \$25.00