# 48000092553

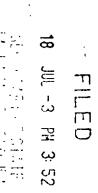
(Requestor's Name)	_
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(Document Number)	
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### **COVER LETTER**

	gistration Section ision of Corporatio	ns		
SUBJECT:	Evolution	Services Name of Limi		
		Name of Limi	ted Liability Company	
The enclosed	l Articles of Amendr	nent and fee(s) are sub-	nitted for filing.	
Please return	all correspondence	concerning this matter	to the following:	
		Diego Ou	nlanilha Viana Name of Person	<u>-</u>
		Evolui	Firm/Company	<u>C</u>
	<del></del>	1040 Mar	Ann Lakes (in #1635.	50K45014 FL 34232
		Sakas	oh/FL 34232	
		Cmmr. E-mail address: (t	Ch/FL 34232 City/State and Zip Code Uh m (2) hol mail. Cook be used for future annual report not	Om fication)
For further in	nformation concernii	g this matter, please ca	II:	
Diego	Quentanily Name of Person	a Vising	at (774) 540 - 4 Area Code Daytin	DSS6 ne Telephone Number
Enclosed is a	check for the follow	ring amount:		
□ \$25.00 F		0.00 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/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18	FILED
	JUL -3 PM 3:52

Evalution	Services LL			
(Name of the Limite	d Liability Company as it n A Florida Limited Liability C	ow appears on our r lompany)	ecords.)	
The Articles of Organization for this Limited Lia		ed on <u>06/0</u> 2	1/2018	_ and assigned
Florida document number <u>L180000925</u>	<u> </u>			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability con	npany here:		
The new name must be distinguishable and contain the we	ords "Limited Liability Comp	any," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREET	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u></u>			
		<u>.</u>		
B. If amending the registered agent and/oregistered agent and/or the new registered off		dress on our rec	cords, <u>enter th</u>	e name of the new
Name of New Registered Agent:	Diego Qu	intanilha	Viana	<del></del>
New Registered Office Address:				
		Enter Florida street a	ddress	
			_, Florida	
	City			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
AMBE	Sandra Milena Ospina Aguirre	4061 Crackers Lake Blud	Add
	Oskillo Hago, rice	# 2621 Sancesota, FL 34232	☑ Remove
			Change
Anbe	Diego Guinfanilha Viana	1040 Marlin Lakes Cir #1635	<b>IX</b> Add
		Sarascha, FL 3423.2	□ Remove
			Change
			Add Add
			□ Remove □
			Add FI Remotor FI Change
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			Change
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(If an effe Note:	ive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	06/17/2018 2018
	Two refractions
	Signature of a member or authorized representative of a member
	Coar Maddalan Monetalo Muhim Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00