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TO: **Registration Section Division of Corporations**

GYMLECO EVOLUTION, LLC

SUBJECT:

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:

SHANE NORTHROP, CPA

Name of Person

NORTHROP FINANCIAL GROUP, LLC

Firm/Company

13700 SIX MILE CYPRESS PKWY STE 2

Address

FORT MYERS, FL 33912

City/State and Zip Code SHANE@NORTHROPFINANCIAL.COM

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

SHANE NORTHROP, CPA	239	271-2488
	at ()	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

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□ \$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

STREET/COURIER ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GYMLECO EVOLUTION. LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization	n for this Limited Liability Company were filed on _	07/16/2018	and assigned
Florida document number	L180000171165		

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."

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

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	ıddress
	Cin	Florida 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

2

If aniending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
AMBR	ANGEL L BAJANA	15290 BALLAST POINT DR	
	<u> </u>	<u></u>	🗖 Add
		APT 5307	
			Remove
		FORT MYERS, FL 33908	
			Change
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Đ.	If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	AUGUST 22	2018
Dated _		
	Signature of a	member of authorized representative of a member
	SHANE NORTHROP, CPA	
		Typed or printed name of signee

Filing Fee: \$25.00