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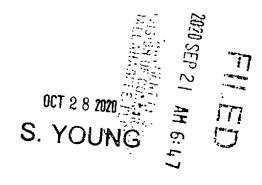
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COVER LETTER

Division of Corp	por acions		
SUBJECT:	Evotion Jul Name of Lim	ited Liability Company	·
The enclosed Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dana	Lynn Lage Name of Person	
	Devation	Nutrition	
	2201 Hamm	Finn/Company SND VILLE CA	
	Pomparo Be	Address 2ad 1 336 City/State and Zip Code	069
	— Cana (a)	to be used for future annual report noti	
For further information co	oncerning this matter, please ca	all:	
Ma Kay Name of	A L Person	at (<u>323</u>) <u>552</u> Area Code Daytim	- 3 \ \ \ e Telephone 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 (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	ction

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

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N1 115.1 -

1 /6 NOJ10 V	1 VIAY than	امرة سن	<u> v.</u>
Name of the Limit	ed Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	2
The Articles of Organization for this Limited L Florida document number This amendment is submitted to amend the follows:	 :		assigned 5
A. If amending name, enter the new name o	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the week the new principal offices address, if application of the second of the	able:	esignation "LLC" or the at	obreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>		
B. If amending the registered agent and/or ragent and/or the new registered office addre	_	ecords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent: New Registered Office Address:	Dona Lym Kaye 2201 Hammondvill Emer Flor	PJ ida street address	
	10mpino Beach	, Florida	33067 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>	<u>Address</u>	Type of Action
MGRM	Silva, Gina	Rompino Beach 151 33069	□ Add
		Rompino Beach, Fl 33069	Remove
			Change
			□Add
			□Remove
			□ Change
			
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
		 	□ Remove
			□Change
			□Add
			□Remove
			□Change

). If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
	
(If an effective Note: If the	date, if other than the date of filing:
f the record specord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
CDated <u>(</u>	Sept 14 2020 Dar Lom Vy
	Signature of a member or authorized representative of a member And Lym Law Typed or printed name of signee