118000194978

(Re	questor's Name)	
(Add	dress)	_
(Add	dress)	
(City	y/State/Zip/Phone	e #)
DICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



100419804581

12/04/23--01031--004 **25.00

TILED

2023 DEC -4 PM 2: 22

PM SIGN OF CORPORATION

A. PARISHANI DEC 1 6 2023

COVER LETTER

2023 DEC -4 PM 2: 22

Registration Section
Division of Corporations

Linear Prof	totypes LLC		
	Name of Lin	nited Liability Company	 24:
enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	HASS
ase return all correspo	ondence concerning this matter	to the following:	TO T
	Daniel Barba		
		Name of Person	
	Linear Prototypes LLC		
		Firm/Company	
	7860 W Commercial Blvd	l, #707	
		Address	
	Lauderhill		
		City/State and Zip Code	
	linear3dprinting@gmail.com	m	
	E-mail address: (to be used for future annual report not	ification)
further information of	concerning this matter, please o	all:	
niel Barba		954 2998183 at ()	
Name o	of Person		ne Telephone Number
dosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 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)
Mallina Addres	,	Street Address:	
Mailing Address: Registration Section		Registration Se	
Division of C		Division of Co	
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	l'allahassee pe Street, Suite 810
i ananassee,	1 11 111 11	Tallahassee, FI	,

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Linear Prototypes LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) e Articles of Organization for this Limited Liability Company were filed on $\frac{08/15/2018}{}$ and assigned orida document number _____L18000194978 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: **EVCON1 Solutions LLC** e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." iter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) iter new mailing address, if applicable: failing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City w Registered Agent's Signature, If changing Registered Agent: tereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

tle ·	<u>Name</u>	<u>Address</u>	Type of Action
MBR	Daniel E Barba, Mr.	7860 W COMMERCIAL BLVD, #707	□Add
		LAUDERHILL, FL 33351	□Remove
			■ Change
			Remove
			DChange 2230 2250 2460 2460 2460 2460 2460 2460 2460 246
			HENRY SHASSEE FLOR
			□ Add
			□Remove
			□Change
		 	□Add
			□Remove
			Change
,	<u> </u>		
			□Remove
			□ Change

and		,		
my title(Daniel E Barba) from "C	CTO" to "AMBR"	<u> </u>		2
			7.3.	2023 DE
)EC
Where X lies: "DEVCON1	Solutions LLC"		ASSECT-	+
				PK
			15.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	?
				22
				
 				
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·	
tive date, if other than the da	te of filing:	(optionate of filing or more than 90 days after	nal) filing.) Pursuant to 605.	.0207 (3
If the date inserted in this block	does not meet the applicable	statutory filing requirements, this		
nent's effective date on the Depa	riment of State's records.			
ord specifies a delayed effective da filed.	ate, but not an effective time,	at 12:01 a.m. on the earlier of: (b)	The 90th day after	the
November 25th	. 2023			
0:4/	nature of a member or authorized			

Filing Fee: \$25.00

Typed or printed name of signee