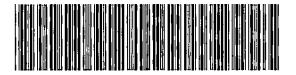
## L18000272020

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C. BRUMBLEY NOV - 8 2021

## **COVER LETTER**

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314

TO:

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	William Koons		
		Name of Person	
	Overplus LLC	Firm Company	<del> </del>
	10845 SW 188 ST	Address	
	Cutler Bay, Florida, 33157	City/State and Zip Code	
	kim/a evolvnt.com E-mail address: (	to be used for future annual report note	tication)
For further information c	concerning this matter, please ea	all:	
William Koons		at (305 ) 283-6896 Area Code Daytim	
Name o	et Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	he 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 Addres		Street Address:	ation
Registration 9 Division of C		Registration Sec Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records, lability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number 1,18000272020	were filed on 11/26/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Evolvnt LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		202II
		_ E B m
		26
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		0
		3
3. If amending the registered agent and/or registered office a	iddress on our records, <u>enter tl</u>	ne name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Overplus LLC

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Remove
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			∏Change

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fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing or more than one:  If the date inserted in this block does not meet the applicable statutory filing require cument's effective date on the Department of State's records.	0 days after filing.) Pursuant to 605.0207 aments, this date will not be listed as
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea is filed.	rlier of: (b) The 90th day after the
ted 10/23/2021	
11) WE K	
Signature of a member or authorized representative of a mem	
	pher