

L19000066797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2021 JUN 10 PM 3:46

ALLAHABAD, INDIA

cc
Friend

FILED

2021 JUN 10 AM 10:00

JUL 08 2021
ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 852393 7977112
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 55.00

ORDER DATE : June 10, 2021
ORDER TIME : 12:22 PM
ORDER NO. : 852393-005
CUSTOMER NO: 7977112

DOMESTIC AMENDMENT FILING

NAME: EVOLVE DEVELOPMENT, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER'S INITIALS:

[Handwritten signature/initials]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2021

CORPORATION SERVICE COMPANY

SUBJECT: EVOLVE DEVELOPMENT, LLC
Ref. Number: L19000066797

RESUBMIT

Please give original
submission date as file date.
Original file date of
6/10/21

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 721A00012962

2021 JUL -7 PM 3:48



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2021

CORPORATION SERVICE COMPANY

SUBJECT: EVOLVE DEVELOPMENT, LLC
Ref. Number: L19000066797

RESUBMIT
Please give original
submission date as file date.

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Irene Albritton
Regulatory Specialist II

Letter Number: 721A00012962

2021 JUN 17 AM 11:47

2021 JUN 17 AM 11:47

2021 JUN 17 AM 11:47

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EVOLVE DEVELOPMENT, LLC

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:

CHRISTOPHER CANDINO

Name of Person

EVOLVE DEVELOPMENT, LLC

Firm/Company

530 WESW FERRY STREET

Address

BUFFALO, NY 14222

City/State and Zip Code

CCHOLDINGSANDMGT@AOL.COM

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

For further information concerning this matter, please call:

CHRISTOPHER CANDINO

716 481-9424
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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**

EVOLVE DEVELOPMENT, LLC

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

The Articles of Organization for this Limited Liability Company were filed on MARCH 8, 2019 and assigned
Florida document number L190000066797.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	National Safe Harbor Exchanges	2425 E. Camelback Rd, Suite 300	<input type="checkbox"/> Add
		Phoenix, AZ 85016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christopher Candino	530 West Ferry Street	<input checked="" type="checkbox"/> Add
		Buffalo, NY 14222	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 2, 2021

Arnold L. Bell
Signature of a member or authorized representative of a member

Filing Fee: \$25.00