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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
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(Business Entity Name)			
(Document Number)			
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OCT 1 7 2019



COVER LETTER

10:	Division of Corporations
SUBJE	CT: Castillo: Evolution Solutions LLC. Name of Limited Liability Company
The enc	losed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Name of Person
	Casillo Fuolution Solutions LLC.
	11613 Gravewood Ave
	City/State and Zip Code E-mail address: (to be used for future/annual report notification)
For furth	ner information concerning this matter, please call:
<u> </u>	Name of Person at (613) Area Code Daytime Telephone Number
Enclose	I is a check for the following amount:
52 5.	00 Filing Fee Solution Solution Status Solution

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF COSTILO FUDILITION Solution 315 det 6 mg.

(Name of the Limited Liab) (A Flori	pility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on \(\frac{10}{2} \) and ass	signed
Florida document number <u>L 190007243457</u>		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the lin	imited liability company here:	
The new name must be distinguishable and contain the words "Li	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 ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B If amending the registered agent and/or reg	gistered office address on our records, enter the name	of the n
registered agent and/or the new registered office ad		
N. CN. D. Januard Annuar		
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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
WGFW	Luis F Castillo	11613 G-Forewood Ave	
		Lus L (201.110	Remove
			Change
			D Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			_□ Add
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			_□ Add
			_□ Remove
			☐ Change

-	
(If an ef Note:	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	<u> </u>
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00