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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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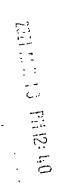


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04/13/21--01003--016 **25.00



COVER LETTER

TO: Registration So Division of Co			
Evolv3 LL			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	Roger Woodstock		
		Name of Person	
	Evolv3 LLC		
		Firm/Company	
	1915 Matthew Court		
		Address	
	Lakeland, FL 33813		
	•	City/State and Zip Code	
	evolv3.inc@gmail.com		
For further information	t-mail address: (concerning this matter, please c	to be used for future annual report no all:	mineation)
Roger Woodstock		678 886-1466	
Name of Person		Area Code Daytii	me Telephone Number
Enclosed is a check for t	the 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)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration S	
Division of C P.O. Box 63.	-	Division of Co The Centre of	•
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

/Summark Clark and Linking Community	
(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 $\frac{12/01/2015}{\text{lorida document number}}$	and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
ivolv3 Painting & Home Repair LLC	
he new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the a	abbreviation "L.L.C."
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records, <u>enter the nar</u> gent and/or the new registered office address here:	72g F
	;; €
Name of New Registered Agent:	-0
New Registered Office Address:	P1.12:40
Enter Florida street address . Florid a	. 70

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.

City

Zip Code

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>	Address	Type of Action
			□Add
			Remove
			□Change
			□Remove
			□Add
			□ Remove
			(□Change
			□Add
			□Remove
			□Change
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			Remove
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ffective date, if other the an effective date is listed, the stote: If the date inserted in ocument's effective date of	date must be specific a 1 this block does not	and cannot be prior to timeet the applicab	date of filing or more de statutory filing re	(option: than 90 days after fili equirements, this day	ng.) Pursuant to 605,020
	.00	ot an effective tim	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
record specifies a delayed is filed.	effective date, but n				
l is filed.	effective date, but n	2021			
l is filed.			··		
record specifies a delayed I is filed. Dated April 8			zed representative of a	ı member	