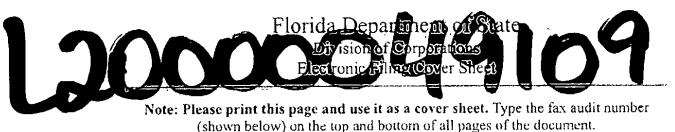
7/17/2020

Division of Corporations



(((H200002306673)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

from:

Account Name : ROBERT GRAHAM CPA, LLC

Account Number : 120070000089 Phone : (813)260-4103 Fax Number : (813)830-7415

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Admin@robertaga ham cpa, Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REVOLENT CAPITAL SOLUTIONS FUND THREE, LLC

Certificate of Status	0
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COVER LETTER

(((H20000230667 3)))

	Division of Co		••	*
erm rec	EVOLENT	CAPITAL SOLUTIONS FUN	D THREE, LLC	
SUBJEC	.1:	Name of Lim	ited Liability Company	•
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		ROBERT GRAHAM		
			Name of Person	······································
		ROBERT GRAHAM CPA	LLC	
•			Firm/Company	
		1518 NORWICK DR		
		***	Address	
		LUTZ, FL 33559		
			City/State and Zip Code	
		ADMIN@ROBERTGRAH		
		E-mail address: (to be used for future annual report notification)	,
For furth	er information	concerning this matter, please c	all:	
ROBER	T GRAHAM		813 260-4103 at ()	
	Name	of Person	Area Code Daytime Teleph	none Number
Enclosed	l is a check for	the following amount:		
□ \$2 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	ssee et, Suite 810

ARTICLES OF AMENDMENT TO (((H20000230667 3))) ARTICLES OF ORGANIZATION OF

EVOLENT CAPITAL SOLUTIONS FUND THREE, 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 02/12/2020 Florida document number L20000049109	and assign	ed
This amendment is submitted to amend the following:	الد 2000 چوند	71
A. If amending name, enter the new name of the limited liability company here:	AREAS AREAS	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "LEC	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
B. If amending the registered agent and/or registered office address on our records, enter the na agent and/or the new registered office address here:	ame of the new r	egistered
Name of New Registered Agent:		<u> </u>
New Registered Office Address: Enter Florida street address	 	<u></u>
, Florida		
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further a provisions of all statutes relative to the proper and complete performance of my duties, and I are accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Cobeing filed to merely reflect a change in the registered office address, I hereby confirm that the company has been notified in writing of this change.	m familiar with a Or, if this docume	ınd

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: (((H20000230667 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	BRYSON RAVER	307 S WILLOW AVE, STE 100	
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			□Remove
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			Remove C
			□Remove
	·		Change
			□Remove
			Change
			□Add
			□ Remove
		(((H20000	□Change 0230667 3)))

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document's effective date on the I	Department o	of State's reco	ords.					
e record specifies a delayed effecti	ivo data but	nat an affacti	uatima at l'):Al am an	the earlier o	e (b) The	ofte vets and	er the
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ord is filed. Dated		2020	,	_				
II II V 17		2020	· · ·	7 -				
II II V 17	Signature o	2020	authorized rep	Z resentative of	a member			

Filing Fee: \$25.00 (((H20000230667 3)))