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COVER LETTER

TO: Registration S Division of Co			
	TWORKS LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DAVILSON RODRIGUE	:S	
		Name of Person	
	ADR ACCOUNTING SE	RVICES CORP.	
Firm/Company			
4699 N FEDERAL HWY SUITE 109E			
		Address	-
	POMPANO BEACH, FL	33064	
		City/State and Zip Code	 .
	TRADUTOR@DAVILSO E-mail address: (N.COM to be used for future annual report notific	ration)
For further information of	concerning this matter, please c	•	
DAVILSON RODRIGO	JES	954 338-4000	
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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 Addre Registration Division of C P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations llahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

EVO NETWORKS LLC (Name of the Limited Liability Com	Dany as it now appears on our r	2020: 11 1310: 57
(<u>Name of the Limited Liability Com</u> (A Florida Limite	d Liability Company)	,
The Articles of Organization for this Limited Liability Compar Florida document number L20000081334	ny were filed on03/13/202	0 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lig	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	hility 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	e address on our records, <u>e</u>	nter the name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	City	, Florida
New Registered Agent's Signature, if changing Registered Agen	•	- ,

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BDONADEL SERVICES CORP.	651 9TH CT	□Add
	-	VERO BEACH, FL 32962	_
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		·	□Add
			□Remove
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific and is block does not m	cannot be prior to deet the applicabl	date of filing or more	(option than 90 days after fi equirements, this o	iling.) Pursuant to 60	5.0207 ted as
e record specifies a delayed eff rd is filed.	ective date, but not a	an effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	er the
Dated		2020				
	thick	U_	7			
	Signature of a m	ember or authorize	ed representative of	a member		
MARCELO R GO	MES					
	•	Typed or printed n	ame of signee			