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COVER LETTER

Division of Co				
SUBJECT:	Evolution LLC Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	1			
	v20()	nine Hill		
		Name of Person		
		Firm/Company		
	411	SW Oth St		
		Address	. /	
	Del	iray Beach FL	_ 33444	
	و میا باه ده	City/state and Zip Code	· /	
	E-mail address: (to be used for future applical report not	itication)	
For further information c	concerning this matter, please vi			
Mana	1611	,		
MINIM	HIII	a ₁ ,246_, <u>365</u> 3	3988	
Name c	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,	
<i>)</i>	Certificate of Status	Certified Copy	Certificate of Status &	
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration Section		Registration Section		
Division of C P.O. Box 632		Division of Co The Centre of	•	
Tallahassee,			oe Street. Suite 810	

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J'Evolution	n UC
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000132531</u> .	were filed on $\frac{5 15 2020}{}$ and assigned $\frac{8}{6}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	100%
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Ste 110 Ste 110 Roca Raton Pl 33431
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1825 NW Corporate Blvd Ste 110 1800 Raton, FL 33431
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records. enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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>	Name	Address	Type of Action
			□Add
			□Remove
			[]Change
	 		
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
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		·	□Add
			□Remove
		.	□Change
			□Add
			□Remove
			□Change

- , .		
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(If an effective da Note: If the d	te, if other than the date of filing:	207 (l as t
he record specif	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	he
ord is filed.	Ctober 25	
Dated	25 2021 2021	
	la Hill	
	Signature of a member or authorized representative of a member	
	1 mino 11:11	

Filing Fee: \$25.00