# L20000159250

(Re	equestor's Name)	
(Ac	ldress)	
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(Dx	cument Number)	·
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## **COVER LETTER**

TO: , Registration Section Division of Corporations
SUBJECT: D'192 Evolution LLC
Name of Limited Liability Company
स् <sup>क</sup>
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
2 einaldo Diaz Fernandez Name of Person
DICIZ 6104 EVOLUTION LLC Firm/Company
141 S.W. 52nd Place Address
City/State and Zip Code
For further information concerning this matter, please call:
Rame of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Digz brap	'Evolution L	LC
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on or imited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 2000 154250</u>	mpany were filed on OO 16	2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		707
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:		至三
(Mailing address MAY BE A POST OFFICE BOX)		<u>. w</u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records	s, enter the name of the new register
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	Enter Florida stree	et address
ν-	City	, Florida Zip Code
	0.11,1	z.qr cinic

## 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 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
AD 12	DIaz, lesiel	141 S.W. 52nd Place	🗆 Add
		141 S.W. 52nd Place Cival gables FL 33134	Remove
+MBL	Solangie, Lodriguez	7411 S.W. 152nd Apt 102 MIGMI FL 33193	X:Add
		MIGMI FL 33193	□Remove
			□Add
			□Remove
			_ DChange
			□Add
			□Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ 🗆 Change
			_ □Add
			_ □Remove
			☐ Change

D. If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	re date, if other than the date of filing: 07 20 (optional)  crive 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 (3)(b) of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	July m
	Signature of a member or authorized representative of a member
	Leinaldo Diaz Fernandez

Typed or printed name of signee