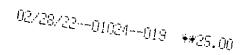
## L21000057085

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

A. BUTLER MAR - 8 2022

## COVER LETTER

ΓΟ: Registration Se Division of Cor			
Evans Cust	om Rods, LLC	•	
SCBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Justin Evans		
		Name of Person	
	Evans Custom Rods, LLC		
		Firm Company	
	650 Mossy Oak Trail		
		Address	
	Tallabassee, Fl. 32317		
	· · · · · · · · · · · · · · · · · · ·	City State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	jdeanevans@comeast.net	be used for future amount report notif	1 more and
For lurther information c	oncerning this matter, please ca	·	
Justin Evans		850 251-4622	
Name o	of Person	at () Area Code Daytune	: l'elephone Number
inclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	1 830,00 Filing Fee & Certificate of Status	, \$85,00 Filing Fee & Certified Copy radditional copy is enclosed;	7 860,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	ar .
Registration 9 Division of C		Registration Sec Division of Corp	
P.O. Box 633		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT , TO ARTICLES OF ORGANIZATION OF

FILED

2021 FEB 28 AM 11: 02

( <u>Name of the Limited Liability Compa</u> (A Florida) imited l	ny as it now appears on Jability Company)	TALLAH TALLAH	RY OF STATE ASSEF, FI
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000057085</u>			
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 I cabi	hty Company," the design	iation "LI C" or th	e abbreviation "ETC"
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 agent and/or the new registered office address here:	address on our reco	rds, <u>enter the r</u>	name of the new register
Name of New Registered Agent:			
New Registered Office Address:	l mer l'antdo	street adáress	
	,	Florida	L. Zip Code
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Evans Custom Rods, LLC

Thereby 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 diales, and I am jumiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, it this document is being filed to merely reflect a change in the registered office address. Thereby 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>	Name	Address	Type of Action
AMBR	Leslie Evans	650 Mossy Oak Truil	
		Tallahassee, Ft 32317	
			∃Change
			(TAdd
			□Remove
	·		□Change
			Dadd
		<u> </u>	©Remove
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ote: If the date inserted in th	the date of filing: e must be specific and cannot be just block does not meet the ap the Department of State's reco	phicable statutory filing re	(optional) han 90 days after filing.) Pursuant quirements, this date will not l	to 605,0207 (, be listed as th
		ve time at 12.01 a.m. on t	he earlier of: (b) The 90th da	y after the
	ective date, but not an effecti	The time, the tip time, the tip		
Estited February 16	ective date, but not an effecti 2022			
his filed				

Filing Fee: \$25.00