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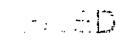
COVER LETTER

TO: Registration S Division of Co			*
٤	volution Begins LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
		Winston Mullings	
		Name of Person	
		Firm/Company	
	201 nv	w 75th Terrace	
		Address	
	Pla	ntation, Florida 33317	
	smulli	भिक्ते श्रेर्फ्स ान्याध्येश्य हिता	
	E-mail address: (to be used for future annual report notif	ication)
For further information o Winston Mu	concerning this matter, please callings	all:	
_		754 2495798 at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
□ S25.00 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 Address	<u>ss:</u>	Street Address:	

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

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



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Evolution Begins LLC SECRETATE TALLY MADDEEL PL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 05/06/2021 The Articles of Organization for this Limited Liability Company were filed on and assigned L21000211511 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Majestic Heights LLC The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___ City

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
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