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## COVER LETTER

SUBJECT:	EVO	CLAIMS ELC	
(WB)(CC)	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	H	EEATKLHIFF MOLINA	
		Name of Person	
		Firm/Company	
	Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  pondence concerning this matter to the following:  HEEATKLHIFF MOLINA  Name of Person  Firm/Company  3480 NW 85TH CT APT 215  Address  DORAL, FL 33122  City/State and Zip Code heeatklhiffl@gmail.com  E-mail address: (to be used for future annual report notification)  1 concerning this matter, please call:  KLHIFF MOLINA  of Person  Area Code  Daytine Telephone Number  The following amount:  \$\Begin{align*} \text{S55.00 Filing Fee & Gertificate of Status & Certified Copy (additional copy is enclosed)}  Certificate of Status & Registration Section  Corporations  The Centre of Tallahassee  1. FL 32314  2415 N. Monroe Street, Suite 810		
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	E-mail address: (	to be used for future annual report notif	ication)
for further information ed	oncerning this matter, please c	all:	
		Name of Limited Liability Company  and fee(s) are submitted for filing.  cerning this matter to the following:  HEEATKLHIFF MOLINA  Name of Person  Firm/Company  3480 NW 85TH CT APT 215  Address  DORAL, FL 33122  City/State and Zip Code heeatklhift[@gmail.com  E-mail address: (to be used for future annual report notification)  nis matter, please call:  JNA  at (	
HEEATKE	JHEF MOLINA	EVO CLAIMS LLC  Name of Limited Liability Company  Independent of the following:  HEEATKLHIFF MOLINA  Name of Person  Firm/Company  3480 NW 85TH CT APT 215  Address  DORAL, FL 33122  City/State and Zip Code heeatklhifT[@gmail.com]  E-mail address: too be used for future annual report notification1  matter, please call:  Area Code  Tolytime Telephone Number  Nount:  iding Fee & S55.00 Filing Fee & Certified Copy tadditional copy is enclosed)  Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
	.HIFF MOLINA	at () Area Code Daytime	: Telephone Number
Name of	í Person	at () Area Code Daytime	: Telephone Number
Name of Name o	r Person  the following amount:  ■ \$30.00 Filing Fee &	□ \$55.00 Filing Fee & Certified Copy	☐ S60.00 Filing Fee.  Certificate of Status &  Certified Copy
Name of Name of States of the Section of Section 1995 Name of Section 19	f Person  ne following amount:  \$\Begin{align*} \Begin{align*} \Be	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)  Street Address:	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
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Name of Name of State of the Section of Section 1 Name of Section	e following amount:  \$\equiv \\$30.00 \text{ Filing Fee & Certificate of Status}  \$\frac{\partial}{2} \text{Section} \text{orporations}  7	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  Street Address: Registration Sec Division of Cor The Centre of T	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ction porations allahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF HIR BOT - 1 AN 7: 24

	EVO CLAIMS LLC	•	· 🛦
(Name of the Limit	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.) 🨘	
The Articles of Organization for this Limited I. Florida document number		July 07, 2021	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability company her	<u>'e</u> :	
Enter new principal offices address, if applic	eable:	signation "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BON)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office addre		cords, <u>enter the na</u>	ime of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Floric	la street address	
	(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  FOrganization for this Limited Liability Company were filed on		
	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. Thereby 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, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

#2100 -1 AM 7:24

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DAMARYS ROSENDO	3480 NW 85TH CT APT 215, DORAL FL 33122	□Add
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It an effec	tive date is listed, t	he date must be a	specific and	cannot be p	orior to date	of filing or	more than 9	0) days a	itter tili	ng.) Pursuant to 605.	0207
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