## 121000384979

(Requestor's Name)
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(City/State/Zip/Phone #)
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21 HS! -5 PN 1: 36

T. MATTHEWS NOV 15 2021

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
CUB IC		PRODUCTS, LLC		
SUBJEC	CT:	Name of Limit	ed Liability Company	
The encl	losed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please re	eturn all correspon	ndence concerning this matter t	o the following:	
		RICARDO J. HOLDER		
			Name of Person	
			Firm/Company	
		125 ALLISON AVE	Name of Limited Liability Company  te(s) are submitted for filing.  this matter to the following:  HOLDER  Name of Person  Firm/Company  I AVE  Address  City/State and Zip Code  gn.com  nail address: (to be used for future annual report notification)  tter, please call:  at (	
			Address	
		DAVENPORT, FL 33897		
		rholder@inkasign.com	City/State and Zip Code	
			o be used for future annual report no	tification)
For furt	her information c	oncerning this matter, please ca	di:	
RICAR	DO J. HOLDER		at ( )	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>■</b> \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres			ection
	Registration S Division of C			
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT 5 PH 1: 36 TO 21 TO ARTICLES OF ORGANIZATION OF

EVOLVING PRODUCTS, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records. ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 08-27-2021	and assigned
Florida document number L21000384979		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	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	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
<del></del>	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

21 10 -5 PH 1: 30

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	GONZALO A, HOLDER	125 ALLISON AVE	\exists \exists \exists \exists \frac{\exists}{2} \exists \exists \exists \exists \frac{\exists}{2} \exists \exists \exists \frac{\exists}{2} \exists \frac{\exitta}{2} \exittn \frac{\exitta}{2}
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21 HOY -5 PH 1: 36

1 am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an efl <u>Vote:</u>	ive date, if other than the date of filing:
recor d is fi	rd 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 led.
ated	FORT LAUDERDALE 10-25-2021
	Ctoldo
	Signature of a member or authorized representative of a member
	RICARDO J. HOLDER

Filing Fee: \$75 OA