Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations Fax Number : (850)617-	6383			<u> </u>
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From:	Account Name : REGISTERE	D AGENTS INC.			AH 10:
	Account Number : I20090000	0081			
	Phone : (307)200- Fax Number : (855)330-				7
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Evolution Consulting LLC			
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears lability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company			nd a ∰azned -
1 21000525821			
Florida document number L21000525821			nd a 22 JAN
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :	AN 10:
Evolution Consulting1 LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the des	signation "LLC" or the abbreviati	on "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)		<u> </u>	
B. If amending the registered agent and/or registered office a	iddress on our re	cords, <u>enter the name of th</u>	<u>ie new registered</u>
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florie	da street address	
	, Florida		
	City	Zip	Code
New Registered Agent's Signature, if changing Registered Agent:			
· · · · · · · · · · · · · · · · · · ·		annier I fraktis agus er	comply with the
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	ee to act in this coperformance of t	apacuy, 1 juriner agree to ny duties, and I am famili	ar 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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D. If amending any other information	on, enter change	e(s) here: (Att	ach additional sh	neets, if necessary	·)	
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E. Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	be specific and cannot ck does not meet t	he applicable st	of filing or more tha atutory filing requ	(optional) n 90 days after filing irements, this date	 Pursuant to 605.0207 	(3)(t the
f the record specifies a delayed effective ecord is filed.	date, but not an ef	ffective time, at	12:01 a.m. on the	earlier of: (b) Th	ne 90th day after the	
Dated January 4	<u>2</u> (022				
	Signature of a memb	er or authorized i	epresentative of a n	iember		
Morgan Nobl						
iviol gail inobi	Турк	ed or printed nam	e of signee			

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Filing Fee: \$25.00