L22000142931

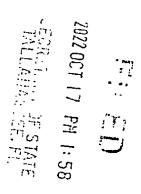
	Requestor's Name)	
(Address)	
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	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Business Entity Name)	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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A. BUTLER OCT 17 2022



COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: <u>Evol</u> y	Je Proper Name of Limited	1. Liability Company	n
The enclosed Articles of Ame	ndment and fee(s) are submitt	ted for filing.	
Please return all corresponden	ce concerning this matter to the	he following:	
	Dawn	Ostouich Name of Person	
_	Evolue	Property Groc	ρ
_	187 Sabal	Palm Dr 5t.	<u>e 100</u>
<u>. (</u>	~	FL 32779 City/State and Zip Code	
_ _	E-mail address: (to be	a @evo)ve oc-	. <u>CO</u>
For further information concer	ning this matter, please call:		
Down Os	touich	at (321_)508-7- Area Code — Daytime Telep	nhone Number
Enclosed is a check for the foll	owing amount:		
S25 00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Lee. Certificate of Status & Certified Copy cadditional copy is enclosed.
Mailing Address:		Street Address:	
Registration Section	min	Registration Section	

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

Evolve Property	Group, LLC 2022 OCT 17 PM 1:58
(A Florida Limited I	iability Company) 7. The state of our records.)
The Articles of Organization for this Limited Liability Company	were filed on Mac 23, 2022 and assigned
Florida document number <u>L22000142931</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	187 Sabal Palm Dr Ste 100
(Principal office address MUST BE A STREET ADDRESS)	Longwood, FL 32779
	100 C 1 0 0 0 110
Enter new mailing address, if applicable:	187 Sabal Palm Dr. Ste 100
(Mailing address MAY BE A POST OFFICE BOX)	Longwood, FL 32779
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of Name Davistant d America	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre	
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	
being filed to merely reflect a change in the registered office	
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, 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	<u>Address</u>	Type of Action
AMBR	Cristina Porretto	2551 Mills Ave Borlando, FL 32806	
		37806	TRemove
			CChange
m6R	Down Ostovich	14135 Patrick Dr St2	JAdd
		I.H.B., FL 32937	_ CRemove
			_ Change
			\;\tau \text{Add}
			_ =Remove
			_ Change
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n effective d ote: H the o	te, if other than late is listed, the date date inserted in thi (Rective date on th	: must be specific an is block does not	nd cannot be prior meet the applic	able statutory filin	wire than 90 days a	ptional) after tiling.) Pursua this date will no	int to 605.020 of be listed :
ecord speci is filed.	ifies a delayed effe	ective date, but no	ot an effective ti	me, at 12:01 a.m.	on the earlier of	(b) The 90th	day after th
ied <u> </u>	ct 13,	- <u>-</u>	2022	Stour			
		Signature of a	i member or author	orized representative	of a member		