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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EVOLVE PROPERTY GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW L. BELL, CPA

Name of Person

HARDING BELL INTERNATIONAL, INC.

Firm/Company

113 PONTOTOC PLAZA

Address

AUBURNDALE, FL 33823

City State and Zip Code

CLIENTSERVICES@HBITAX.COM

E-mail address: (to be used for future annual report notification)

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Division of Corporations
Tallahassee, Florida

For further information concerning this matter, please call:

MATTHEW L. BELL, CPA

863 968-1010
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

EVOLVE PROPERTY GROUP LLC

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CHRISTINE MALPICA-BENNET	548 COPLEY LANE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32806	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dawn M. Ostovich	449 Red sail way,	<input checked="" type="checkbox"/> Add
		Satellite Beach, FL 32937	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 60th day after the record is filed.

Dated SEPTEMBER 16 2022

Cristina Pavullo
Signature of a member of an

Signature of a member or authorized representative of a member

CRISTINA PORRETTO

Typed or printed name of signee