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(Requestor's Name)	
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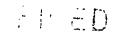
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2022 JUN 30 AM 8: 09

COVER LETTER

	gistration Sec vision of Corp			
CHDIECT	Evolution C	leaning Professionals LLC		
SUBJECTS		Name of Lim	ited Liability Company	
The enclose	d Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspoi	ndence concerning this matter	to the following:	
		Deidrich Thomas		
			Name of Person	
		Evo Hope LLC		
			Firm/Company	
		1317 Edgewater Dr. STE	6398	
			Address	
		Orlando, FL 32804		
		-	City/State and Zip Code	
		customercare@evocleaning		
			to be used for future annual report no	tification)
For further:	information co	oncerning this matter, please co	all;	
Deidrich Th	nomas		727 342-2590 at ()	
-	Name of	Person	Area Code Daytii	ne Telephone Number
Enclosed is	a check for th	e 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)
Ře Di P.	ailing Address egistration S vision of Co O. Box 632' illahassee, F	ection orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F.	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Evolution Cleaning Professionals LLC

2022 JUN 30 AH 8: 10

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) THIS TO SEE AND THE The Articles of Organization for this Limited Liability Company were filed on 05/20/2022 at 8:00am and assigned Florida document number <u>L22000235789</u> 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 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

_. Florida ____

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
MGR	Terry Hillmon	1317 Edgewater Dr STE 6398	🗆 Add
		Orlando, FL 32804	≡ Remove
			Change
			□Add
			□Remove
		<u> </u>	□Change
			□ Add
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Effective date, if other than the date of filing: Official effective date, if other than the date of filing: Official effective date is listed, the date must be specific and connot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. Note: If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record 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 ord is filed. Dated Official Control of State's records. Signature of Seamber or authorized representative of a member.		
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Signature of a member or authorized representative of a member	Note: docun e reco	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records. In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records. In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
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