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COVER LETTER

TO:

Registration Section

Division of C	orporations			
Evolution	QR, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	Philip Huml			
		Name of Person		
	EvolutionQR, LLC			
		Firm/Company		
	340 9th Street North #75			N
		Address		2 SE
	Naples, Florida 34102			3.5 3.5 3.5
		City/State and Zip Code		22 SEP 26 AM
	Philip.Huml@gmail.com E-mail address:	to be used for future annual report no	otification)	9: 07
For further information	concerning this matter, please c	•	,	07
Philip Huml		917 903-9144		
Name	of Person	at () Area Code Daytii	me 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 F Certificate of S Certified Copy (additional copy is	tatus &
Mailing Addre Registration Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	orporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EvolutionQR, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{1.22000408008}{1.22000408008}$.	any were filed on September 19,2022	and assigned
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.	iability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	_	22
		Su
Enter new mailing address, if applicable:		P 25
(Mailing address MAY BE A POST OFFICE BOX)		2
		07
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the na</u>	me of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer r tortaa street audress	
	, Florida _	
	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 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>	Address	Type of Action
MGR	Philip Huml	340 9th Street North #75	= Add
•		Naples, Florida 34102	□Remove
			□ Change
			□Add
			□Remove
			22 PChange
			MAH 9 CRemove
			☐ Change
			□Add
			□ Remove
			Change
			□ Add
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			Change
	 		
			□ Remove
			Flow

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	prior to date of filing or more than 90 days after filing.) Pursuant to 605, pplicable statutory filing requirements, this date will not be liste
cord specifies a delayed effective date, but not an effect s filed.	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ed September 22 2022	
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Signature of a member of	duthorized representative of a member

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