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Tc:

Division of Corporations

Fax Number

: (850)617-6383

From:

: GREEN BOX TAX SERVICES INC Account Name

Account Number : I20190000123 Phone

: (305)928-1137

Fax Number

: (786)349-4952

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REALTY ONE GROUP EVOLUTION PEMBROKE PINES LLC

C. BRUMBLEY

DEC 16 2022

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## REALTY ONE GROUP EVOLUTION PEMBROKE PINES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/19/2022 and assigned Florida document number <u>L22000</u>449452 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **Evolution Pembroke Pines LLC** 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: (Muiling 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:

## 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

Enter Florida street address

Florida

□ 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 = AMBR =	Man Auth	ager porized Member		
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