Division of Corporations Electronic Filing Cover Sheet

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H220004304723ABCY

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : GREEN BOX TAX SERVICES INC

Account Number : 120190000123 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.

Empil Address: Sales Q Ximenavilla real. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EVOLUTION PEMBROKE PINES LLC

Certificate of Status	0
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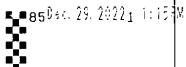
JAN 3 2023

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help







December 27, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

EVOLUTION PEMBROKE PINES LLC 1911 NW 150TH AVE SUITE 102 PEMBROKE PINES, FL 33028

SUBJECT: EVOLUTION PEMBROKE PINES LLC

REF: L22000449452

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L18000221753 VILLARREALESTATE LILC .

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt Regulatory Specialist III

FAX Aud. #: H22000430472 Letter Number: 922A00028833

ARTICLES OF AMENDMENT TO

4,220004304723

ARTICLES OF ORGANIZATION

OF

2022 DEC 29 AM 11: 27

,EVOLUTIO	ON PEMBROKE PINES LLC	•		
	(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our re bility Company)	cords.)	
			. •	
	n for this Limited Liability Company w	ere filed on 10/19/202	.2	and assigned
Fiorida document number	_22000449452	<u>-</u>		
This amendment is submitt	ed to amend the following:			
A. If amending name, en	er the new name of the limited liabili	ty company here:	•	
VILLARREAL ESTAT				
The new name must be distingui	shable and contain the words "Limited Liability	Company," the designation	"LEC" or the abbrevi	ation "L.L.C."
Enter new principal office	es address, if applicable:		1	· · · · · · · · · · · · · · · · · · ·
(Principal office address)	UST BE A STREET ADDRESS)			
Enter new mailing address	s, if applicable:			
(Mulling address MAY BE	A POST OFFICE BOX)			
				·
	ered agent and/or registered office ad	dress on our records, <u>e</u> r	nter the name of	the new registered
agent and/or the new reg	stered office address here:		•	
Name of New Re	gistered Agent:		·	
New Registered () Office Address			
New Registered	Three reduces	Enter Florida street a	ddress	
			Florida	•
		City		ip Code
New Registered Agent's Sig	nature, if changing Registered Agent:			
I hereby accept the appo- provisions of all statutes accept the obligations of being filed to merely refle	intment as registered agent and agree relative to the proper and complete p my position as registered agent as prect a change in the registered office and in writing of this change.	erformance of my dutie ovided for in Chapter 6	es, and I am fami 805, F.S. Or, if th	liar with and is document is

If Changing Registered Agent, Signature of New Registered Agent

1+220001636,4723

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 = Manager AMBR = Authorized Member							
Title	,	<u>Name</u>				Address	Type of Action
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). If ame	ending any other	r information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	fective date is listed, If the date inserte	than the date of filing: (optional) 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) in this block does not meet the applicable statutory filing requirements, this date will not be listed as the con the Department of State's records
the recordis fi	•	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Decemb	28 2022
		In Signature of a member or authorized representative of a member
	Andrea X	Villarreal Escobar Typed or printed name of signee