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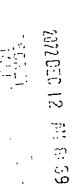
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: \rightarrow \begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	KK Evolutio	n 1.10	
.,		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Rosma	Name of Person	
		Firm/Company	
	10455 Joly	nn Rd Address	2022
	Jackson	VILLE FL 32225 City/State and Zip Code	2022 DEC 12 \$50.55
	Yorkk Olob E-mail address: (to be used for future annual report notific) Fit fication) See
For further information c	oncerning this matter, please c	all:	
Rosnery	Sarduy Person	at (<u>964</u>) 322-	2901 e Telephone Number
		/ Total Code	receptione Number
Enclosed is a check for the	ne following amount:		
₩ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Sec	ction
Division of C	orporations	Division of Corp	porations
P.O. Box 632 Tallahassee, 1		The Centre of T	allahassee Street, Suite 810
		=712 D. MIOHIOC	Duren Jame 010

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YEKK Evolution LEC

(<u>Name of the Limited L</u> (A F	Jability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil Florida document number <u>L2200045</u> 36		ober 21, 2022 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company." the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
		20
		0072 B20
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our recordere:	ds, enter the name of the new register
Name of New Registered Agent:		······································
New Registered Office Address:	Enter Florida sn	veet address
_	City	, Florida 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	Rosmery Sarduy	10455 Jolynn Rd	□Add
		Jackson ville, FL	□Remove
		32225	&Change
AMBR	Rosmery Sarduy	10455 Jolynn Pd	⊠ Add
		Jacksonville, FL	□Remove
		82225	□Change
MGR	Yoralbert Del Valle Morales	10455 Jolynn rd	⊠Add
		Jacksonville, FL 32225	Remove
		32225	22 ©Change
		:	
			::- ∷: GRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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member and add Yoralbert T			
Morales to show as Manager			
OF this LLC			•
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