## 123000007334

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
-d Copies Certificates of Status
al Instructions to Filing Officer.

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LLC Amend

01/18/23--01002--001 \*\*25.00

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2023 JAN 17 PN 3 42

SECRETARY OF STATE

A. RAMSEY JAN 18 2023



## CAPITAL CONNECTION, INC.

417 E. Virginia Ştreet, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

EVOLVING COL	LECTABLE	S LLC	
		<del></del>	<del></del>
	<del></del>		
			Art of Inc. File
	-		LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature	<del></del>		Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: SETH			UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC 11 Retrieval
Walk-In	Will Pick	. Up	Courier

## **COVER LETTER**

	egistration Se vision of Cor			
SUBJECT	Evolving C	ollectibles, LLC		
oobsec.	·	Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Julian B. Williams		
			Name of Person	<del></del>
		Evolving Collectibles, LL	С	
			Firm/Company	
		2327 Poinciana Dr.		
			Address	<del></del>
		Naples, FL 34105		
			City/State and Zip Code	
		julianwilliams239@yahoo.c		
			to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please co	all:	
Julian Willia			239 465-5148	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		·
■ \$25.00 F	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)

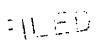
MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2023 JAN 17 PM 1: 23

Evolving Collectibles, LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company was a lorida document number L23000007334	vere filed on 01/03/2023	and assigned	
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here:		
he new name must be distinguishable and contain the words "Limited Liability	y 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)			
	era		
inter new mailing address, if applicable:	<del></del>		
Mailing address MAY BE A POST OFFICE BOX)	·	<del></del>	
	-		
If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	ce address on our rec	cords, <u>enter the name of the r</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Code	
ew Registered Agent's Signature, if changing Registered Agent:			

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	Julian B Williams	2327 Poinciana Dr.	
		Naples, FL 34105	☐ Remove
			☐ Change
•			
			□ Remove
			Change
			□ Add
			Remove
			□ Change
			□ Remove
			□ Change
<del></del>			Add
			□ Remove
			Change
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo locument's effective date on the De	date of filing: be specific and canno ck does not meet th	e applicable stati	filing or more than tory filing require	(optional) 90 days after filing.) Pu ements, this date will	rsuant to 605.020 I not be listed a
e record specifies a delayed The 90th day after the reco	effective date, rd is filed.	but not an eff	ective time, a	: 12:01 a.m. on	the earlier (
January 16	202	3			
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ated	(/ / . / . /				
	ignature of a member	or surborred	non-toting - 6 -		

Page 3 of 3

Filing Fee: \$25.00