## 123000151340

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## **COVER LETTER**

TO:	Registration Se Division of Cor					
SUBJEC	EVO AÇA	F1.1.C				
SOBIL	<u>.</u>	Name of Lim	nted Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub-	onitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		LEONARDO FIGUEIREE	)()			
			Name of Person	<del></del>		
		SOLUTION ADVISING I	LLC'			
			Firm Company			
	5728 MAJOR BLVD, SUITE 609					
			Address	<del></del>		
		ORLANDO, FL - 32819				
		SERVICES@ SOLUTIONA	City State and Zip Code ADVISING.COM			
		E-mail address; (	to be used for future annual report notifi	cation)		
For furth	ner information c	oncerning this matter, please co	all;	. ~1		
LEONA	ARDO FIGUEIR	EDO	407 286 5595	623		
-	Name o	l'Person	at () Area Code — Daytime	Telephone Number 29		
Enclosed	l is a check for th	ne following amount:		P Em E		
<b>■</b> \$25.	00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy Gadditional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)		
		ING ADDRESS:	STREET/COURIE Registration Section			

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 . DocuSign Envelope ID 8D3 F8C7-4BB5-46A7-842D-D14F11B8FA14

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVO ACALLEC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records da Limited Liability Company)	2)
The Articles of Organization for this Limited Liability	Company were filed on 03/27 2023	and assigned
Florida document number 1.23000151340	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lu	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		S
B. If amending the registered agent and/or regi	istand office address on our records	onter the remo-of the non-
registered agent and/or the new registered office add		enter the nameson the new
		PH
Name of New Registered Agent:	_	PH 33
New Registered Office Address:		至音
New Registered Office Address.	Enter Florida street address	
	, Flo	rida
	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

DocuSign Envelope ID. 8D3-F8C7-4BB5-46A7-842D-D14F11B8FA14 in amenuing Authorized verson(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	ROBERTO DAVID DE QUEIROZ	5063 LAKEWALK DR, APT 9202, BLD 9, WINTER	Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			29 ☐ Remoye
			Change To F
			Remove
			□ Change
		<del>.</del>	Remove

	-
CHANCE ADMINES THE PROPERTY OF THE ACCURAGE OF THE PARTY	212 122 223
CHANGE MEMBER'S TITTLE- THE MEMBER: ROBERTO DAVID DE QUEIROZ, CHANG "MANAGER"	жи ю
EVERYTHING ELSE STAYS THE SAME	
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	2
	2021 ECV
	2031:CY 29
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