## L13 00027/602

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TO: Registration S Division of Co			*	
Inside Out SUBJECT:	Evolution LLC			
, , , , , , , , , , , , , , , , , , ,	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Nishad Khan Esq.			
		Name of Person		
	Nishad Khan P.L			
		Firm/Company		
	1303 North Orange Avenu	ee		
		Address	<del></del>	2023
	Orlando, Florida 32804			2023 AUG
	<del></del>	City/State and Zip Code	<del> </del>	9
	reception@nishadkhanlaw.t	com to be used for future annual repe	ort notification)	PK
For further information of	concerning this matter, please c	·		PH 12: 40
Robyn Burrows		407 22897	11	
Name o	f Person		Daytime Telephone Number	
Enclosed is a check for t	he 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 Address	s <u>s:</u>	Street Addr	<u>255:</u>	

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

## DocuSign Envelope ID: 5D401AF5-4596-4061-96E2-24C13A809872 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Inside Out Evolution LLC					
(Name of the Lim	ted Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)	_	
The Articles of Organization for this Limited Liability Company were filed on 06/05/2023  Florida document number L23000271602			and	and assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name o	of the limited lial	bility company here:			
Inside Out Weight Loss LLC					
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	n "LLC" or the abbreviation	"L.L.C."	_
Enter new principal offices address, if applicable:		No Change		2 <b>0</b>	2
(Principal office address MUST BE A STREET ADDRESS)				304 E	
				<u> </u>	
Enter new mailing address, if applicable:			PH 12:	<u> </u>	
(Mailing address MAY BE A POST OFFICE	BOX)				
				_ 0	Š
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ss here: No Change	address on our records,	enter the name of the	new regist	<u>tered</u>
Name of New Registered Agent:					_
New Registered Office Address:	No Change	Enter Florida street	-dduses		-
		Liner Fiorida street	adaress		
		City	, Florida Zip Co		_
New Registered Agent's Signature, if changing	Registered Agent	Ť	Σιρ Co	ae	
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as registered office	e performance of my duti provided for in Chapter	es, and I am familiar 605, F.S. Or, if this do	with and ocument is	

If Changing Registered Agent, Signature of New Registered Agent

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II amenuing Authorized rerson(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>	Name	Address	Type of Action
	No Change	<del>-</del>	□Add
			□ Remove
			□Remove
		<del> </del>	□Change
<del></del>			
			DIVISION OF CORPORATIONS  Add 16 Rev 12: 40  Charge 12: 40
			6 CORPORAL CORPORAL Change A 2:
		<del></del>	□Change
	<del></del>		□Add
		· <del>-</del>	□Remove
			□Change
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			□Remove
			□Change

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ate, if other than the date of filing: (optional)	
date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	to 605.0207 be listed as
ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	y after the
8/15/2023	
DocuSigned by:	
Signature of a member or authorized management of a member of a member of authorized management of a member of a m	_
•	

Filing Fee: \$25.00

Typed or printed name of signee