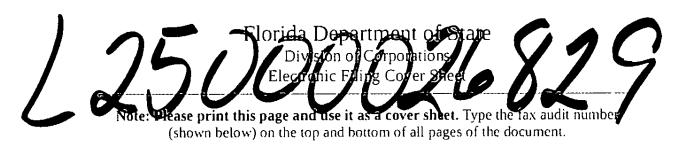
Fax: 8134365206 2/3/2025 09:49:33 PST To: 18506176383 Page: 1/4



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: | <br> |
|-------|----------|------|
|       |          |      |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EVOLVE MANAGEMENT AND SOLUTION LLC**

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$55.00 |

K. SALY

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FEB - 4 2025

2/3/2025 09:49:33 PST To: 18506176383 Page: 2/4 Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2025 FEB -3 PM 3: 33

EVOLVE MANAGEMENT AND SOLUTION LLC

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

| The Articles of Organization for this Limited Liability Company Florida document number L25000026829  | were filed on 01/14/25                                 | and assigned   |
|---|--|--|
| This amendment is submitted to amend the following:   |  |  |
| A. If amending name, enter the new name of the limited liab   | llity company here:                                    |  |
| The new name must be distinguishable and contain the words "Limited Liabil  | ity Company," the designation "E                       | LC" or the abbreviation "L.L.C."                           |
| Enter new principal offices address, if applicable:   |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   |  |  |
|   |  |  |
| Enter new mailing address, if applicable:   |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | <del></del>  |
| (maining agarties in the property of the property   | ·  | M  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  | Enter Florida street ada                               |  |
|   |  | Florida  |
| <del></del>   | Cuy  | FloridaZip Code  |
| New Registered Agent's Signature, if changing Registered Agent:   |  |  |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change. | performance of my duties,<br>rovided for in Chapter 60 | and I am familiar with and 5, F.S. Or, if this document is |
| If Chan   | ging Registered Agent, Signatur                        | re of New Registered Agent                                 |

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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 |
|--------------|---------------|----------------------------|----------------|
| AMBR         | HUDLEY, BRIAN | 50 SCHEERER AVE            | □ Add          |
|              |               | NEWARK, NJ 07112           |                |
|              |               |                            | Change         |
| AMBR         | Smith, James  | 425 W Colonial. DR STE 303 | ☑Add           |
|              |               | Orlando, FL 32804          | □Remove        |
|              |               |                            | □Change        |
|              |               |                            | □ Add          |
|              |               |                            | □Remove        |
|              |               |                            | ☐ Change       |
|              |               |                            | Fladd          |
|              |               |                            | Remove T       |
|              |               |                            | Change C       |
|              |               |                            |                |
|              |               |                            | ⊕ Bremove      |
|              |               |                            | ☐ Change       |
|              |               |                            | □Add           |
|              |               |                            | □ Remove       |
|              |               |                            | Change         |

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| Effective date. if other than the date of filing: (option (if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.  | 2028 FEB - 3 PM 3: 33  |
|--|--|
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this  | FEB -3 PH  |
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| •  | nal)<br>iting.) Pursuant to 605.0207 (3<br>date will not be listed as th |
| he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ord is filed.  | The 90th day after the   |
| Dated Feb 3 2025   |  |
| # Armore and a second s |  |
| Signature of a member or authorized representative of a member   |  |