

L14000086286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

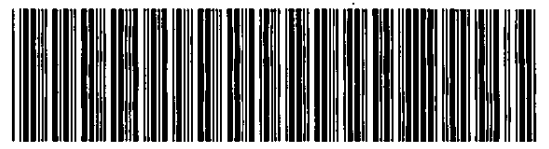
(Business Entity Name)

(Document Number)

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K. GALT
EXAMINER
SEP 15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REVITALOGY

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roland S. Salloum, Esquire

Name of Person

Law Offices of Roland Salloum

Firm/Company

801 Northpoint Parkway, Suite 121

Address

West Palm Beach, FL 33407

City/State and Zip Code

MRosse2101@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roland S. Salloum, Esquire

561 275.1725
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Suresh Rajamanickam	6390 West Indiantown Rd.	<input checked="" type="checkbox"/> Add
		Jupiter, FL33458	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Adriana Rosselli	6390 West Indiantown Rd.	<input checked="" type="checkbox"/> Add
		Jupiter, FL 33458	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: August 30, 2016 (optional)
(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 filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 2, 2016

Roland S. Salloum
Signature of a member or authorized representative of a member

Roland S. Salloum, Esquire
Typed or printed name of signee