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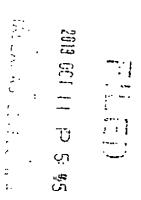
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MAILING ADDRESS:

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

Progressive Capri Consulting, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears of mited Liability Company)	on our records.)
he Articles of Organization for this Limited Liability Con	npany were filed on $\frac{05/02}{1}$	2/2017 and assigned
orida document number L.17000097720		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here	:
revantas, LLC		
ne new name must be distinguishable and contain the words "Limited	Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
nter new mailing address, if applicable:		80
Aailing address MAY BE A POST OFFICE BOX)		
		144
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. If amending the registered agent and/or register	red office address on o	our records: enter the name of the
egistered agent and/or the new registered office addres		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
		, Florida
	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

Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
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Effective date, if other that if an effective date is listed, the date inserted in document's effective date on	ate must be specific and this block does not r	I cannot be prior to oneet the applicable	date of filing or more the e statutory filing req	(optional) an 90 days after filing.) Pursuirements, this date will	munt to 605.0207 not be listed as
e record specifies a de The 90th day after th	layed effective on the control of th	date, but not a	in effective time	, at 12:01 a.m. on t	he earlier of
October 3		2019			
(Can	ail Vaccoso	 ,,,,1+	ed representative of a		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00