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SCARLIANT OF STATE

ALLAHASSEE, FLORIDA

B. BOSTICK

OCT - 2 2012

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: TARPON Revitals LLC Name of Limited Liability Company			
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:			
Forrester Hart Felisle: Whitake Pl			
Name of Person Clo Eric Relis le Firm/Company			
14/29 Columnal Blus Ste ZUI Address			
FF Mysus Fl 33907			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)	Ec -		
For further information concerning this matter, please call:		≥	uzereni
			THE SEC.
Name of Person at (239) 939-1198 Area Code & Daytime Telephone Number	<u> </u>		ing E-sadorysa
Name of Person Area Code & Daytime Telephone Number	ring)	<u> </u>	j s
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Enclosed is a check for the following amount:	82	PH 3: 4	
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(additional copy is enclosed) Certified C	of Status &)

TO:

Registration Section

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

AOF

TARPON Reutal	5 46	
(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on eted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L0400000318</u> 2	oany were filed on Jan	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		12 C
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	The Contract of the Contract o
Pater non-calling address if carlingly.		SSE - ITT
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Drawing Mauress, That BE AT OST OT FICE DOA)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Fi	orida 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 608, 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member **Type of Action** Monsky A. Tampaloum ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00