

L06000117635

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000100289 3)))



H140001002893AECZ

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AGENT'S AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-1642

*PLEASE AL-ASOT
4/22/14
Thank you
SPACY
4/22/14*

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REV AGENCY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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14 APR 28 AM 8:55

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4/25/2014 5:03:14 PM PAGE 1/001 Fax Server



April 25, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

REV AGENCY, LLC
5201 BLUE LAGOON DRIVE
900
MIAMI, FL 33126

SUBJECT: REV AGENCY, LLC
REF: L06000117635

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

To be more specific, you submitted an amendment and although the amendment is just changing the registered agent, the fax audit coversheet should match the type of document being filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

FAX Aud. #: H14000095749
Letter Number: 714A00008928

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000100289 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

REV AGENCY, 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 were filed on 12/11/2006

Florida document number L06000117635

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 "Limited Liability Company," the designation "LLC" 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

AGENTS AND CORPORATIONS, INC.

New Registered Office Address:

300 FIFTH AVENUE SOUTH, SUITE 101-330

Enter Florida street address

NAPLES

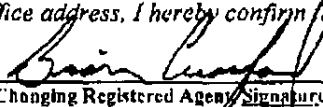
City

Florida 34102

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
Brian C. Crawford, Asst. Secretary

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MCR = Manager

AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 21 , 2014



Signature of a member or authorized representative of a member

VAN ANDERSON

Typed or printed name of signee

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Filing Fee: \$25.00

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