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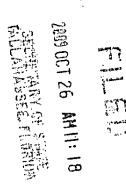
(Req	uestor's Name)			
(Add	ress)			
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(City.	/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
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T. CLINE

OCT 27 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT: F	REVENUE OBJECTI		NAL, LLC.	
	Name of Lim	ited Liability Company		
	of Amendment and fee(s) are subcondence concerning this matter	_		
		James E. Spittler, Sr		
		Name of Person		-
Revenue Objectives International, LLC.				_
		Firm/Company	. ,	
	12565 Palm Road			-
		Address		
		N. Miami, FI 33181		_
	D/	City/State and Zip Code		<u> </u>
	E-mail address: (	DISERVICES@gmail.com to be used for future annual repo	ort notification)	
For further information	concerning this matter, please of	call:		126
	Jim Spittler	at ( 305 )	892-0584	* # # # # # # # # # # # # # # # # # # #
Name	of Person		Daytime Telephone Numbe	AH II: 18
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	✓\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certifie	ate of Status &
MAILING ADDRESS:		STREET/C	OURIER ADDRESS:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REVENUE C	BJECTIVES INTERNATION	ONAL, LLC.		
(Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	s on our records.		
The Articles of Organization for this Limited 1	Liability Company were filed on	07/20/09	and assigned	
Florida document number L0900006	9764			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liability company her	e:		
,				
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compa	ny," the designation "LI	C" or the abbreviation	
Enter new principal offices address, if appli	Cable:	1		
(Principal office address MUST BE A STRE		¥.	8 77	
A THICHAI Office was CO. M.O. F. D.D. (T. D. M.D.)		<u>। । । । । । । । । । । । । । । । । । । </u>	2	
	· · · · · · · · · · · · · · · · · · ·	1991		
Enter new mailing address, if applicable:		ille Ma		
(Mailing address MAY BE A POST OFFICE BOX)			3.	
		, <u>1</u> 27-		
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:	James E. Spittler, Sr.			
New Registered Office Address:	12565 Palm Road			
	Enter Florida street address			
	North Miami	, Florida	33181	
	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, Lhereby confirm that the limited liability company has been notified in writing of this change.

Agent, Signature of New Registered Agent

Page 1 of 2

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

MGR = Manager

MGRM = Managing Member <u>Title</u> Name 1 <u>Address</u> Type of Action **MGRM** James E. Spittler, Sr. 12565 Palm Road ✓ Add North Miami, Fl 33181 Remove **MGRM** Cathy Dianne Smith 7928 West Drive ☐ Add √ Remove Suite 903 N. Bay Village, FL 33141 ☐ Add ☐ Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ABOUT COLLECTION OF NAME SPECCIOL SHOULD BE JAMES E. S BOT. 220 Signature of a thember as authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00