

L10000129477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

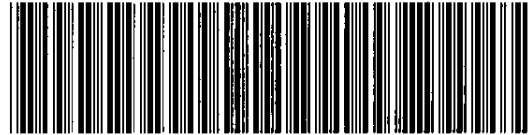
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

BAN 6 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REVEAL, L.L.C.
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:

Jamie Nelson
Name of Person

REVEAL, L.L.C.
Firm/Company

426 Central Ave
Address

Sarasota, FL 34236
City/State and Zip Code

JamieLnelson@aol.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Jamie Nelson at (941) 539-1096
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

REVEAL, 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 12/17/2010 and assigned
Florida document number L10000129477

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)

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CLERK OF CIRCUIT COURT
JANUARY 5, 2011
TALLAHASSEE, FLORIDA

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:

Jamie Nelson

New Registered Office Address:

426 Central Ave.

Enter Florida street address

Sarasota

Florida

34236

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.

J. Nelson
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Teri Graham	8115 45th Ct. E #16 Sarasota, FL 34243	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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TALLAHASSEE, FLORIDA

Dated 1-3-2011, _____

J. Nelson
Signature of a member or authorized representative of a member
Jamie Nelson
Typed or printed name of signee

Absolution of partnership

I Teri A. Graham relinquish all involvement and responsibility to REVEAL, LLC. Without force or coercion as of today the 31st day in December 2010. I will remove myself as partner as soon as Government office is open, next business day.

I also remove myself off the Lease including any financial responsibility and liability pertaining to 426 Central Avenue, Sarasota, Fl. 34236.

Jamie Nelson and I are no longer partners in anyway regarding the future business, responsibilities and/or decision making of REVEAL LLC, 426 Central Ave. now or anytime in the future.

I will remove my name off the following documents on Monday January 3rd 2011 ;

REVEAL, LLC.

IRS EIN #

Fl. State DBPR License

MIC Insurance Policy

Utilities (FPL, Sarasota County Utilities-Water, Verizon)

REVEAL documents and all pertinent information such as contacts, business liaison pertaining to REVEAL will be given/transferred to Jamie Nelson, i.e.: Web designer name and phone numbers and all such contacts .

I will remove any marketing tools I put in place, i.e.: Facebook

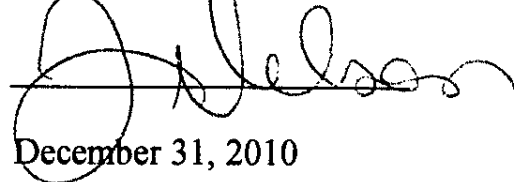
Effective immediately

Teri A Graham



December 31, 2010

Jamie Nelson



December 31, 2010

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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