L11000060352

(Req	uestor's Name)	1		
(Add	ress)			
(Add	ress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Busi	iness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
!				

Office Use Only



400211229124

08/22/11--01022--017 **30.00

TILED

IN AUG 22 PH 1:28

SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

AUG 23 2011

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	Revamped P	roperty Service L.L.C.		
		nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	spondence concerning this matte	er to the following:		
		Michelle Frisco		
		Name of Person		
	Revamped Property Service L.L.C.			
		Firm/Company		
	8518 West Knights Griffin road			
	Address			
Revamped Property Service L.L.C. Firm/Company 8518 West Knights Griffin road Address Plant City FL. 33565 City/State and Zin Code				
	City/State and Zip Code			
	revar	medproperty@yahoo.com (to be used for future annual report notifi	£3	
For further information	n concerning this matter, please	•	zation)	
1 of farance information	reoncerning this matter, please	can.		
	Michelle Frisco	ar (309-1914	
Name	e of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for	r 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/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Taliahassee, FL 323	tions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Revamped F	Property Service L.	L.C.	
(Name of the Limited Liability (A Florida L	imited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	05/20/2011	and assigned
Florida document numberL11000060352			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company her	<u>e</u> :	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Compa	nny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:	 .	· · · · · · · · · · · · · · · · · · ·	20
(Principal office address MUST BE A STREET ADDR	ESS)		景 5 1
Enter new mailing address, if applicable:			PRY OF
(Mailing address MAY BE A POST OFFICE BOX)	V-1-7-11-11-11-11-11-11-11-11-11-11-11-11		F1.02
B. If amending the registered agent and/or registe	and office address on a	ur records enter t	7
registered agent and/or the new registered office addr		our records, <u>enter t</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	Esa	tor Florida atreat add	
	Enter Florida street address		
	City	, Florida	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 Title **Type of Action** Name **Address MGRM** Ray Frisco 8518 West Knights Griffin road ✓ Add Plant City FL 33565 Remove ☐ Add ☐ Remove Add ☐ Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 16 2011 Dated __ a member or authorized representative of a member Ray Frisco

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00