<u>L17 6601 34677</u>

(Red	questor's Name)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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SECRETARY OF STATE

Strivers OCT 15 2014.

TO: Registration Se Division of Cor		F • N . * * *	e • †
SUBJECT: Jotu	n Revelation On Name of Lim	line L C ited Liability Company	
	Amendment and fee(s) are sub	-	
	Dichard	Witcher Name of Person	
	John Revelo	Firm/Company Company	
	3505 Lake	Lynda Dr. Suit	-(237
	orlando richard 6 k	City/State and Zip Code Olve. Cr to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c		,
Richard W Name o	Ditcher fPerson	at (<u><u><u> </u></u></u>	Telephone Number
Enclosed is a check for the	ne 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

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 ORGANIZATION OF

<u>Joton Pevelation</u>	on lonline	uc		
(Name of the Limited	d Liability Company A Florida Limited Lia	y as it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Lia	bility Company w	vere filed on	1-24-13	and assigned
Florida document number <u>L1300013U</u>	<u>873</u> .			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liabili	ity company her	e:	
NIA				
The new name must be distinguishable and end with the we	ords "Limited Liabili	ty Company," the de	esignation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	NIA		
(Principal office address MUST BE A STREET	ADDRESS)			
F-4		NIA		
Enter new mailing address, if applicable:	on Vi	10 I M		
(Mailing address MAY BE A POST OFFICE B	<u>UA)</u>			
B. If amending the registered agent and/o		ce address on	our records, <u>ent</u>	er the name of the ne
registered agent and/or the new registered offi	ce address here:			
Name of New Registered Agent:	Anthon	Carter	,	ARE TO THE
New Registered Office Address:	12472 La	alce Undo	rhill Rd a street address	Stute 47
	Drland	0		2000 E
	· ·	City		Zip Code
New Registered Agent's Signature, if changing Re	gistered 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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Pienard Witcher	3505 late Lynda Dr.	Add
		Soite 237	Remove
		orlando Pl 32817	
MGR	Anthony Carter	12472 Lake Underhill Rd	A Add
		Suite 471	□ Remove
		Orlando FL 32828	
			Add
			□ Remove
		——————————————————————————————————————	7 1
		<u> </u>	E Add :
		ASSE.	□ Remove
		E.FLORIDA	52
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			🗀 Add
			Remove

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date this document is filed by the Florida Department of State)	(optional) nnot be more than 90 days after
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Page 3 of 3

Filing Fee: \$25.00

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