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COVER LETTER

Division of Corpo			
SUBJECT: REV	J LANGUAGE Name of Limi	s CousultAut LL ted Liability Company	<u>C</u>
The enclosed Articles of An	nendment and fee(s) are subi	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Rosaei	Name of Person	
	REVU LA	U 6 U A 6 ES CONSU Firm/Company	HANT LLC
		E LONGUIEW DA	
	Part St.	City/State and Zip Code	4984
-	Tevu © E-mail address: (t	bellsouth net obe used for future annual report notification	ation)
For further information conc	erning this matter, please ca	dl:	
ROSARIO VAID	rson S	at (<u>772</u>) <u>285 - 9</u> Area Code Daytime T	686 Elephone Number
Enclosed is a check for the f	ollowing 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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 46-4008325	were filed on <u>October 31, 2013</u> and assigned 1300 153825
This amendment is submitted to amend the following:	<u>_</u>
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	Port St. Lucie, Fl. 34984
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	237 S.E. Longuew Dr. Poet St. Lucie, Fl. 34984
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address: 237 S	Enter Florida street address Lucie Florida 34984 City Zip Code
Poet st.	Lucie , Florida 34984
New Registered Agent's Signature, if changing Registered Agent:	in in the same
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Mahager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
		 	
			□ Add
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