# L14000097827

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TALLAHASSEE TOOLS

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# COVER LETTER

TO: Registration Se Division of Corp				
SUBJECT: Q	sale vita	a LLC nited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	_ Geor	ge Cordb Name of Person	9	
	<u>Que</u>	Revita, LLC Firm/Company	·	
	<u>3000 St</u>	W. 3rd Ave Ap	5501	
	<u>Migni</u>	Florida 33 City/State and Zip Code	129	
	George • C E-qual address: (	to be used for future animal report nouri	cation) Es S	
For further information ed	oncerning this matter, please of	all:	2017 JS	7
<u>George</u>	Cexcloba Person	at ( <u>786)</u> <u>325</u> Area Code Daytime	1326 S	
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{06/17/2014}{14000097827}$ and assigned Florida document number $\frac{L}{14000097827}$
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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.E.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)  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:
New Registered Office Address:  Enter Florida street address 7
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

If Changing Registered Agent, Signature of New Registered Agent

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

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
		<del></del>	
			□ Remove
		<del></del>	Change
			Remove
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			Ghange
			□ Remove
			☐ Change
			Add
			Remove
			Change
			D Remove
			Change

# D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated 7/10/2017 Signature of a member of authorized representative of a member

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Filing Fee: \$25.00