

L14000113040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

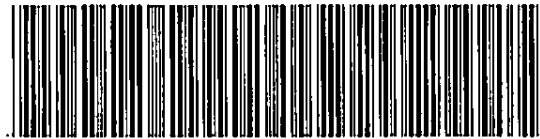
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800308532718

02/06/18--01023--026 **30.00

FILED
18 FEB -8 AM 9:49
CLERK OF COURT
JACKSONVILLE, FLORIDA

FEB 07 2018

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Revshares, LLC

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:

Scot Peterson

Name of Person

Revshares, LLC

Firm/Company

1052 W. SR 436, Suite 2070

Address

Altamonte Springs, FL 32714

City/State and Zip Code

scotpeterston2008@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scot Peterson

407

625-7918

at (_____) _____

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**

Revshares, 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 07/17/2014 and assigned
Florida document number L14000113040.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Net Travel Solutions, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1052 W. SR 436, Suite 2070

(Principal office address MUST BE A STREET ADDRESS)

Altamonte Springs, FL 32714

Enter new mailing address, if applicable:

1052 W. SR 436, Suite 2070

(Mailing address MAY BE A POST OFFICE BOX)

Altamonte Springs, FL 32714

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

Florida

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 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

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

FILED
18 FEB - 8 AM 9:49
TALLAHASSEE, FLORIDA

10 FEB - 8 AM 9:49
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535
FBI - FLORIDA

18 FEB -8 AM 9:49
 RECEIVED
 LONDON

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.

Dated _____

Signature of a member or authorized representative

Typed or printed name of signee