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(Re	equestor's Name)	
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Registration Section Division of Corporations REVELATIONS CONSTRUCTION LLC SUBJECT: 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: **ROLANDO PEREZ** Name of Person REVELATIONS CONSTRUCTION LLC Firm/Company 15541 SW 168 TERR Address MIAMI, FL 33187 City/State and Zip Code mercy@shalomaccounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ROLANDO PEREZ** 486-1796 Daytime Telephone Number Name of Person Englosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations

□ \$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REVELATIONS CONSTRUCTION LI		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed	on11/20/2015 and as	signed
Florida document numberL15000194689		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	any here:	
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:		
Principal office address MUST BE A STREET ADDRESS)		-77
	### ### ** ## ## ### #### #############	Columns (Columns)
	- XX	m
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	2: 4 OAIT	
	P Add	
	and the second second	. 6 . 4
B. If amending the registered agent and/or registered office addrestered agent and/or the new registered office address here:	ess on our records, enter the name	oi in
Name of New Registered Agent:		
New Registered Office Address:		
Ent	ter 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>	Address	Type of Action
AMBR	GEOVER PEREZ	7071 SW 23RD ST., MIAMI FL 33	■ Add
			☐ Remove
			☐ Change
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		<u> </u>	Change
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Note: 11	e date, if other tha tive date is listed, the da f the date inserted in t at's effective date on	this block does n	ot meet the applica	to date of filing or mo	(op re than 90 days aft requirements, th	tional) ter filing.) Pursuant his date will not b	to 605.0207 be listed as
				: an effective ti	me, at 12:01	a.m. on the	earlier o
	ord specifies a de 90th day after the						
The 9		<i>e</i>	- 2016 1 1 l	- Q~~~	-	A COR	
		P	. 2016	rized representative of	of a member	MANA TARY	

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Filing Fee: \$25.00