

L15000194689

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H16000277366 3)))



H160002773663ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
REVELATIONS MAINTENCE SERVICES LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

RECEIVED

2016 NOV 15 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 NOV 15 AM 9:26  
TALLAHASSEE, FLORIDA

FILED

NOV 16 2016

Y SULKER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

REVELATIONS MAINTENCE SERVICES 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 NOVEMBER 20, 2013 and assigned  
Florida document number L15000194689.

This amendment is submitted to amend the following:

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

REVELATION GROUP OF SOUTH FLORIDA LLC

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

Enter new principal office 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

Florida

Zip

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. 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

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

16 NOV 15 AM 9:26  
 FILED  
 TAMMSEED, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the one must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If no 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 NOVEMBER 4

2016

  
Signature of member or authorized representative of a member

GEOVER PEREZ

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED  
16 NOV 15 AM 9:28  
TALLAHASSEE, FLORIDA



November 14, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

REVELATIONS MAINTENCE SERVICES LLC  
15541 SW 168 TERR  
MIAMI, FL 33187

SUBJECT: REVELATIONS MAINTENCE SERVICES LLC  
REF: L15000194689

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P07000126264 "REVELATION GROUP, INC."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: 516000277366  
Letter Number: 516A00024308

RECEIVED  
2016 NOV 15 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314