U5000 206 816

(Requ	uestor's Name)
(Addr	ess)
(Addr	ess)
(City/	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busi	ness Entity Name)
(Docu	ıment Number)
	1
Certified Copies	Certificates of Status
Marian Salahan Salahan Salahan Salah	
Special Instructions to Fi	ling Officer:
	ı ı
	,
	Office Use Only



200327512712

04/10/19--01021--021 +*25.00

FILED

19 APR 10 PM 2: 49

SECRETARY OF STATE FALLAHASSEEL FLORIDA

APR 15 2019
T SCHROEDER

COVER LETTER

(O: Registration Sec Division of Corp	tion orations		
SUBJECT.	RM Tnt	el LLC	
SUBJECT:			
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Heat	her H. Ross Name of Person	
		ng amount: -00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)	
!	2614	Tamiami Trai	1 N #203
	Nap	les Florida 3 City/State and Zip Code	4103
	Heath E-mail address: (t	er, ross & rever o be used for future annual report not	Tel.Com
For further information co	oncerning this matter, please ca	dl:	
Heather	H. ROSS	at (239) 20 Area Code Daytir	06-2633 me Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
		orn per (CALIF	HED ADDRESS.
	ING ADDRESS: ration Section	Registration Sect	ion
Divisio	on of Corporations ox 6327		orations
	assee, FL 32314	2661 Executive C	Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on	our records.)
		,
The Articles of Organization for this Limited Liability Company	were filed on	$\frac{2}{21/2017}$ and assigned
Florida document number <u>L 1500020687</u> 6		,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
REVETEL,	LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N/A - NO	2 Change Zu
		9
1		ASS.
Enter new mailing address, if applicable:		75 0 F
(Mailing address MAY BE A POST OFFICE BOX)	NA	
		9
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ir records, enter the name of the new
	-	
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida	street address
		, Florida
	Сиу	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	duties, and I am familiar with and one of the following th
If Char	nging Registered Agent.	Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member		NIA		
<u>Title</u>	Name		Address	Type of Action
				Add
				□ Remove
				☐ Change
				
				□ Remove
				Change
				SEUNE JA
				SSE D Remove
				ORION 5 DAdd
				Add
	·			□ Remove
				Change
				Add
	1			□ Remove
				□ Change
				Remove
	i			☐ Change

. If amen	nding any	other informa	ition, enter cl	nange(s) here:	(Attach addit	ional sheets, ij	fnecessary.)		
_									
	·· <u>-</u>					······································			
		•							 .
		-						· =·	
_									
							=		
							·		

			· · · · · ·				ر م حد		
_		-+-						19	
						 	398 tr.)	PR 0	<u> </u>
_		·					्राह्य स्मृद्ध		in
_	<u> </u>						ORID,	2: 49	
				•			47 A		
Note: 1	If the date ir	other than the isted, the date mu iserted in this b we date on the D	lock does not n	neet the applical	o date of filing or ble statutory fili	more than 90 day ng requirement	optional) s after filing.) Pu s, this date wil	irsuant to I not be	605.0207 (3 listed as the
		ies a delayed after the rec		ate, but not	an effective	time, at 12:	01 a.m. on	the ea	arlier of:
Dated _	M	arch 2	<u>2</u>	2019	_ ·				
			Heer	ther;	H Roy				_
					ized representativ				
			Hea	ther H	Ross				_

Page 3 of 3

Filing Fee: \$25.00