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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations	и
SUBJECT: Reversart Truestments, 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:	
Tina Garcia Name of Person	
Revenant Towestness, LLC Firm/Company	
21160 Mainsail Circle, HIZ Address	
Aventura FL 33180 City/State and Zip Code	
City/State and Zip Code City/State and Zip Code Lina Fitness etalls with the t E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tina Garcia at (305) 962-4761 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Co	f Status & py

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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

TO ARTICLES OF ORGANIZATION OF

	, Floric	laZip Code
	Enter Florida street address	5
New Registered Office Address:		Company of the second
Name of New Registered Agent:		<u> </u>
		(A)
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our records, <u>e</u> <u>ess here</u> :	nter the name of the new
munic maress mai be a lost office boat		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	The state of the s	
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
A. If amending name, enter the new name of the limit	ted liability company here:	
This amendment is submitted to amend the following:		
Florida document number <u>L1500020729</u>	79	
The Articles of Organization for this Limited Liability Co	_	and assigned
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
Revenant Invest	iments LLC	

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VKISON GSICIA	21160 Mainsail Circle H	<mark>2</mark> □ Add
		Aventura, FL 33188	Remove
			Change
Ambr	Nelson Garcia	21160 Hainsail Circle, HI	Add
		Aventura, FL 33180	□ Remove
		- 	Change
			Add
			□ Remove
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E. Effect	tive date, if other than the date of filing: (optional)	>	7	
Note:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date nent's effective date on the Department of State's records.) Pursua will no	nt to 60 t be lis	5.0207 (3)(b) ed as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. a 90th day after the record is filed.	on the	e earli	er of:
Dated	Signature of a member or authorized representative of a member			
	- Signature of a memori of authorized representative of a memoer			
	Tima Garcia			

Page 3 of 3

Filing Fee: \$25.00