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K. SALY MAY 15 2017

COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:		TREME LLC		
		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		EMMANUEL MORIN		
			Name of Person	
			Firm/Company	
		PO BOX 278064		
			Address	
	1 .	MIRAMAR, FL 33027		• •
MIRAMAR, FL 33027 City/State and Zip Code				
MANNYMORIN78@GMAIL.COM E-mail address: (to be used for future annual report notification)				
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
EMMANUE	L MORIN		305 905-5995 at ()	·
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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

FILED
2017 MAY 12 PM 2: 23
FALLAHASSEE FLORIDA

REVOFITXTREME, 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 04/04/2016 and assigned	
Florida document number L16000069959		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
REVO CONSULTING GROUP, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	14855 SW 39TH COURT	
(Principal office address MUST BE A STREET ADDRESS)	MIRAMAR, FL 33027	
Enter new mailing address, if applicable:	PO BOX 278064	
(Mailing address MAY BE A POST OFFICE BOX)	MIRAMAR, FL 33027	
registered agent and/or the new registered office address here Name of New Registered Agent:	<u>e</u> :	
Name Provinted of Control Address.		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	, Florida City 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 p	ee to act in this capacity. I further agree to comply with the	

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: 2017 MAY 12 PM 2: 23 MGR = Manager AMBR = Authorized Member SECRETARY OF STATE TALLAHASSEE, FLORIDA <u>Title</u> **Address Type of Action** <u>Name</u> □ Add ☐ Remove ☐ Change _ Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add _□ Remove □ Change

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nending any other information, enter change(s) here: (Attach additiona	- 201/ MAY 12 PM 2000
	SECRETARY OF STATE TALLAHASSEE. FL ORIDA
	ASSEE, FL ORIO
	1102
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more. If the date inserted in this block does not meet the applicable statutory filing rement's effective date on the Department of State's records.	than 90 days after filing.) Pursuant to 605.0207 (3)(b
ecord specifies a delayed effective date, but not an effective time see 90th day after the record is filed.	e, at 12:01 a.m. on the earlier of:
d May 6th, 2017.	
80 11	
Signature of a member or authorized representative of a	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 28, 2017

EMMANUEL MORIN P.O. BOX 278064 MIRAMAR, FL 33027

SUBJECT: REVOFITXTREME, LLC

Ref. Number: L16000069959

We have received your document for REVOFITXTREME, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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

Letter Number: 617A00008343

2017 HAY 12 PM 4: 14