

4600069959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

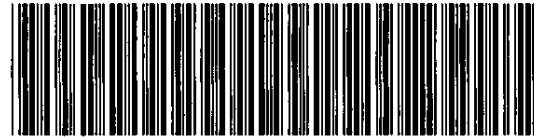
(Document Number)

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04/25/17--01005--022 \*\*25.00

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TALLAHASSEE, FLORIDA

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2017 MAY 12 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

MAY 15 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** REVOFITXTREME 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:

EMMANUEL MORIN

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

PO BOX 278064

\_\_\_\_\_  
Address

MIRAMAR, FL 33027

\_\_\_\_\_  
City/State and Zip Code

MANNYMORIN78@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMMANUEL MORIN

305 905-5995  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**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

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2017 MAY 12 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
(cords.)

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

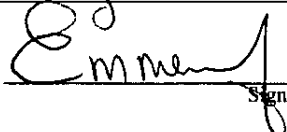
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 04/01/2017 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the 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 May 6<sup>th</sup>, 2017.



Signature of a member or authorized representative of a member

Emmanuel, President

Typed or printed name of signee



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

2017 MAY 12 PM 4:14  
TALLAHASSEE, FLORIDA

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