

L17000017138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

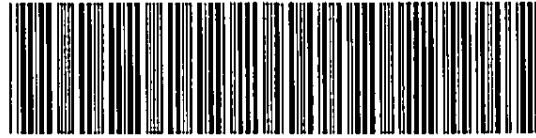
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE

O. SIMMONS

OCT 05 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Revelation I logistics

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:

James M. Lynch

Name of Person

Revelation I Logistics

Firm/Company

986 sandlewood dr

Address

Port Orange FL. 32127

City/State and Zip Code

revelation1logistics@gmail.com

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

For further information concerning this matter, please call:

James M. Lynch

386

299-5714

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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:

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**

Revelation1 Logistics

(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 01/23/2017

and assigned

Florida document number L17000017138

This amendment is submitted to amend the following:

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

Revelation 1 towing LLC

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

Enter new principal offices address, if applicable:

593 Coral Trace Blvd.

(Principal office address MUST BE A STREET ADDRESS)

Edgewater FL 32132

Enter new mailing address, if applicable:

593 coral trace blvd

(Mailing address MAY BE A POST OFFICE BOX)

Edgewater FL 32132

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

City

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. 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

MGR = Manager
AMBR = Authorized Member

MGR = Manager
AMBR = Authorized Member

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Remove
Add
Change

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. A vertical margin line is located on the right side of the page. The paper appears to be part of a binder or folder, as evidenced by the faint, mirrored text from the reverse side visible through the paper. This text includes "DIVISION OF" and "HOSPITAL". There are also some very faint, illegible markings at the top left corner.

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FILED

F. Effective date, if other than the date of filing: _____ (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.

(b) The 90th day after the record is filed.

Dated _____, _____

Signature of a member or authorized representative of a member

James M. Lynch

Typed or printed name of signee