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COVER LETTER

Div	ision of Corp	orations				
SUBJECT:	Revelation 1	1 Towing				
	•					
The encloses	1 Articles of A	mendment and fee(s) are sub	mitted for filing			
		dence concerning this matter	-			
		James M Lynch				
		· <u> </u>	Name of Person			
		Revelation 1 Towing				
		593 Coral Trace BLVD				
Address						
		Edgewater FL 32132			3	: :: :::::::::::::::::::::::::::::::::
		revelation1concepts@gm	City/State and Zip Code		HAC @	三 注 つ ご
			to be used for future annual report	notification)	9 .	, 37
For further in	nformation cor	ncerning this matter, please co	all:		PH	75°
James M L	ynch		386 690738	1	4: 2	ON CORPORATIONS
	Name of I	Person	Area Code Da	vtime Telephone Number		SES.
Enclosed is a	a check for the	following amount:				
□ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
<u>Ma</u>	iling Address:	£ _	Street Address	<u>:</u>		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Revelation 1 Towing (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 $\frac{01/23/2017}{2}$ 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 Concepts LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 593 Coral Trace BLVD Edgewater FL 32132 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 593 Coral Trace BLVD Edgewater FL 32132 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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>	Type of Action
			□Add
			□Remove
			Change
			□Add
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			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Add
			□Remove
			□Change
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			Remove
			Fichman

. If amending any other information, enter change(s) here: (Attach celditlanal sheets, if necessary,)	
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-	
Effective date, if other than the date of filing:	207 (. u.s. t
document's effective date on the Department of State's records.	
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed.	of:
Dated 1-4- 2020	
segmentary of a member or authorized representative of a member	
James M. Lynch	
Typed or printed name of signee	
Page 3 of 3	
Filing Fee: \$25.00	

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