L17000116735

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Amend

JUN 1 5 2020 I ALBRITTON

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Revival S SUBJECT:	iding and Stucco		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Maeve Gaudino		
		Name of Person	
	Revival Siding and Stucco	Name of Person Name of Person Maddress 14 City/State and Zip Code dingandstucco.com I address: (to be used for future annual report notification) please call: 407 Area Code Daytime Telephone Number Fee & S55.00 Filing Fee & S60.00 Filing Fee,	
		Firm/Company	
	Name of Person Revival Siding and Stucco		
		Address	
	Clermont, Fl 34714		
		City/State and Zip Code	
		-	fication)
For further information	concerning this matter, please c	all:	
Maeve Gaudino			
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addre		· · · · · · · · · · · · · · · · · · ·	ction
-		-	
P.O. Box 63	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Revival Siding and Stucco	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	's on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{Ma}{2}$	ay 26th, 2017 and assigned
Florida document number L17000116735	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>ere</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	. 2
Enter new mailing address, if applicable:	° m
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:	ecords, enter the name of the new regis
Name of New Registered Agent:	• •
New Registered Office Address: Enter Flor	rida street address
City	Florida 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 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>	Address	Type of Action
AMBER	Troy Straight	5511 Cape Hatteras Dr, Clermont, Fl 34714	□ Add
			■Remove
			□Change
			□Add
			□Remove
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If amending any other informa	tion, enter enange(s) here	· [much datamman]	success, y necessary.y	
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	st be specific and cannot be prior ock does not meet the application.	to date of filing or more thable statutory filing req		
e record specifies a delayed effective ord is filed.	e date, but not an effective ti	me, at 12:01 a.m. on th	e earlier of: (b) The 90t	th day after the
Dated May 22nd	2020			
Og Bols TY HALSE	EY Signature of a member or author		nonk.	
\cup	Signature of a member or author	irized representative of a	member	

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