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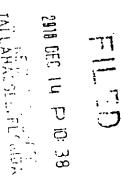
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D. SCOTT

JAN 4 2019

COVER LETTER

TO: , Registration Section

Division of Corporations	
SUBJECT: Resection Commerce Name of Limited Liab	al properties us
The enclosed Articles of Amendment and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the fe	llowing:
N	ame of Person
Picardo Vian	rm/Company
848 Brickell	Ave suite +901
Hiami, FL 33	tate and Zip Code T C C C C C C C C C C C C
Ricardo a una E-mail address; do be use	d for future annual report notification)
For further information concerning this matter, please call:	
Ricardo Viana de A. Name of Person	at (<u>786)</u> <u>8868600</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	55.00 Filing Fee & S60.00 Filing Fee, Certified Copy additional copy is enclosed) Certified Copy (additional copy is enclosed)
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURTER APPRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle
· · · · · · · · · · · · · · · · · · ·	Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability	Company as it not appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L17000347425</u>	mpany were filed on 12017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Revolm CAP, LLC. The new name must be distinguishable and contain the words "Limited Revolution of the limited Revoluti	ed liability company here: ed Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	ered office address on our records, enter the name of the new ess 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 A	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

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
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			U Aaa
			□ Remove
			Change
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Page 3 of 3

Filing Fee: \$25.00