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SECRETARY OF STATE

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## **COVER LETTER**

TO:	Registration Se Division of Cor		,			
SUBJE	Revutown	, LLC	(NAME CHAI	UGE)		
VO DAIT:		Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please (	return all correspo	ondence concerning this matter	to the following:			
		Alexander E Brodsky				
			Name of Person			
		Revutown, LLC			SEURITARY OF STATE TALLAHASSEE FLORIDA	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·		
		10419 Cardera Dr				
			Address			
		Riverview, FL 33578			SECH ALL/	<u> </u>
		Alexebrodsky@gmail.cor	City/State and Zip Code	Telephone Number  \$60.00 Filing Fee, Certificate of Status & Certified Copy		
For furt	ther information e	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report notifi all:	cation)	YOF ST	
Alexar	nder Brodsky		847 9220634		NIE AUE	, ************************************
	Name o	of Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for the	he following amount:				
□ <b>\$</b> 25	i.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat Certified	e of Status & Copy	

MAILING ADDRESS:

TO:

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

Revutown, LLC	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L17000257090	were filed on December 18, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Lean Technology Delivery, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10419 Cardera Dr
(Principal office address MUST BE A STREET ADDRESS)	Riverview, FL
	33578
Enter new mailing address, if applicable:	10419 Cardera Dr
Mailing address MAY BE A POST OFFICE BOX)	Riverview, FL
Maning dadress MAT BE AT 031 OF FICE BOA	33578
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	
New Registered Office Address:	±£ ₹
	Enter Florida street address
	City Zip Car
New Registered Agent's Signature, if changing Registered Agent:	See See
Thereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as period being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Char	nging 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>	<u>Address</u>	Type of Action
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			Remove
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fective date, if other than the	date of filing:	(optional) or more than 90 days after filing.) Pursuant to 605	
		or more than 90 days after filing.) Pursuant to 605 filing requirements, this date will not be list	
cument's effective date on the De			
record specifies a delayed The 90th day after the rec		ve time, at 12:01 a.m. on the earli	er o
The John day after the rec	nd is filed.		
July 29	2018		
// /	Signature of a member or authorized represent		
11/00/18 40	2/16		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00