L18000023214

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	,
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, , ,	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bevelations Cafe LLC	
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:	
Mia Revello - Graham Name of Person	
Revelations Cafe LLC	
4321 Waterford Landing Dr	
$\frac{Lutz}{Lutz}$ $\frac{4L}{33558}$ City/State and Zip Code	
Ferelations cafe 222 agail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mia L. Revello-Graham at (813) 220-1735 Name of Person at (813) Daytime Telephone Number	
encrosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Revelations Cafe	LLC
Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Jiability Company)
The Articles of Organization for this Limited Liability Company	were filed on $1/25/2018$ and assigned
Florida document number <u>L18000023214</u> .	
. his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	THE SECOND SECON
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
· · · · · · · · · · · · · · · · · · ·	City Zin 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

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
AMBR	BAKE R Revello	4321 Waterford Landing	Dr 🗆 Add
		4321 Waterford Landing Lutz FL 33558	E Remove
			Change
AMBR	Ashton M. Revello	4321 Waterford Landing I	r add
		4321 Waterford Landing I Lutz, 7L 33558	Remove
			Change
		A SECK	Remove
		See the	Charlee Add
		-1 -1 -1 -1 -1	Remove
			Change
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			☐ Remove
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			□ Add
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			☐ Change

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n effec	date, if other than the date of filing: (optional) we 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
	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste's effective date on the Department of State's records.
reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlienth day after the record is filed.
ted	Mia J. Renth Johan. Signature of a member or authorized representative of a member
	\mathcal{M} \mathcal{M} \mathcal{M} \mathcal{M} \mathcal{M} \mathcal{M} \mathcal{M} \mathcal{M}

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Filing Fee: \$25.00