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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEW HAMPSHIRE, LLC

Certificate of Status	0
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T. LEMIEUX MAR 13 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•4	Ć.		Or	
Ĺ				
	NEW HA	MPSHIRE, LLC		
		( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Eimited Liability Company)	
			02/08/2015	
			ty Company were filed on 06/08/2018	and assigned
lorida doc	ument numb	per L18000141293	·	
This amend	ment is sub	mitted to amend the following	g:	
A. If amen	ding name	enter the new name of the	limited liability company here:	
Revetas Cap				
he new name	e must be disti	nguishable and contain the words	"Limited Liability Company," the designation "LLC" of	the abbreviation "L.L.C."
Enter new	principal o	ffices address, if applicable:	·	
<u>Principal a</u>	office addre	<u>ss must be a street ai</u>	DDRESS)	
Enter new	mailing add	fress, if applicable:		
Mailing ac	dress MAY	BE A POST OFFICE BOX	9	
				·
3. If amen	ding the re	gistered agent and/or regist	ered office address on our records, enter the	name of the new regist
		registered office address he		
<u>N:</u>	ime of New	Registered Agent:		
No	ew Register	ed Office Address:		
			Emer Florida street address	
			, Florid	ia
		<u></u>	City	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>	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			☐ Change
<del></del>			□Add
			□ Remove
			Change
	AUGA AUGUS	- Company State Pro-	□Add
			□Remove
			☐Change

March 13	. 26	 557			
cord specifies a delayed effecti s filed.			2:01 a.m. on the ear	lier of: (b) The 90th	day after the
effective date is listed, the date made:  If the date inserted in this buttened is effective date on the I	block does not meet	the applicable stat	f filing or more than 90 utory filing requirer	days after filing.) Pursu nents, this date will n	iant to 605,020 of be listed a
ective date, if other than th	e date of filing:			(optional)	
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