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COVER LETTER

TO:

Registration Section
Division of Corporations

Revival IV Lounge LLC SUBJECT: Name of Limited Liability Company 20 FEB -3 PK 3: 15 The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Nichole Pogue Name of Person Revival IV Lounge LLC Firm/Company 1125 TownPark Ave, #1051 Address Lake Mary, Fl 32746 City/State and Zip Code info@revivalivlounge.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nichole Pogue Name of Person Davtime Telephone Number Enclosed 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 Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Revival IV Lounge LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

		Liability Company)	اين	
The Articles of Organization for this Limited L	iability Company	were filed on 8/13/2018	عرب بن عبر and assigned	
Florida document number L18000192768	·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
Revival IV Lounge Lake Mary LLC				
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 appli	cable:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Principal office address MUST BE A STREE	ET ADDRESS)			
				
Enter new mailing address, if applicable:		1125 TownPark Ave, #1051		
failing address MAY BE A POST OFFICE BOX)		Lake Mary, Fl 32746		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, g	enter the name of the new register	
Name of New Registered Agent:				
New Registered Office Address:	1125 Townpark	: Ave, #1051		
	Enter Florida street address			
	Lake Mary		Florida 32746 Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
l hereby accept the appointment as register	ed agent and agr	ee to act in this capacity	. I further agree to comply with th	

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	<u>Address</u>	Type of Action
MGR	Nichole Poge	1125 Townpark Ave, #1051	
		Lake Mary, FL 32746	□Remove
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ective date, if oth	er than the date of	f filing:		(opti	onal)	
neffective date is listed te: If the date inser	d, the date must be speci ted in this block does	ific and cannot be prior s not meet the annlic	to date of filing or m able statutory filin:	ore than 90 days after g requirements, this	filing.) Pursuant to 605 date will not be list	5.0207 ed as
	late on the Departmen			5 4		oo as
	ayed effective date, b	ut not an effective ti	me, at 12:01 a.m. o	on the earlier of: (b) The 90th day afte	r the
is filed.						
January 21st		2020				
ted	, , ,		 ·			
• ·	Clarked					
//						
/	Signatur	e of a member or author	orized representative	of a member		
Nichole Po		re of a member or author	orized representative	of a member		