L18000275025

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
· · · · · · · · · · · · · · · · · · ·
Special Instructions to Filing Officer:
<u></u> _

Office Use Only



600322798656

2019 JAN -7 PH 12: 08

19 JA

UhS 1-8-19

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 569052

4983A

AUTHORIZATION

COST LIMIT

ORDER DATE: January 4, 2019

ORDER TIME : 4:59 PM

1.5

ORDER NO. : 569052-005

CUSTOMER NO:

4983A

DOMESTIC AMENDMENT FILING

NAME: REVELLO DRIVE, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER'S INITIALS:

COVER LETTER

	gistration Sec vision of Corp			
CUD BOT	Revello Dri			
SUBJECT	 	Name of Limi	ited Liability Company	
The enclose	d Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		Kevin L McNab		
			Name of Person	
		Cozen O'Connor		
			Firm/Company	
		1650 Market Street, Suite 2	2800	
			Address	*
		Philadelphia, PA 19103		
			City/State and Zip Code	
		kmcnab@cozen.com		· · · · · ·
			o be used for future annual report	notification)
For further i	nformation cor	ncerning this matter, please ca	II:	
Kevin L. M	cNab		215 665-211 at ()	
	Name of I	°erson	Area Code Da	ytime Telephone Number
Enclosed is	a check for the	following amount:		
- \$25.00 I	filing Fce	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & 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

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Revello Drive, LLC		
(<u>Name of the Limited Liah</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on November 29, 2018	and assigned
Florida document number L18000275028	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lit	mited liability company here:	
JDR Revello, LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our records, <u>ent</u> dress here:	SECRETARY DE STATETHE named the named the named to the na
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	unter Florida street address	
<u>.</u>	, Florida	
	Ciţ	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 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> Name | Address Type of Action Change SSN Remove

	· · · · · · · · · · · · · · · · · · ·		_	·			
							
							<u>-</u>
				· · · ·		·· ··· ··	
-	·····				 		
				·····			
							
						 	· · · · · · · · · · · · · · · · · · ·
				·		デーー デマ ママ	
	· 		·····			ASSET	
ective :	date, if other than	the date of filin	£T.		lar	رند از این آنیان	
reffectiv <u>te:</u> If th	re date is listed, the date ne date inserted in this s effective date on th	must be specific and is block does not r	d cannot be prior to meet the applica	ble statutory filin	ore than 90 days at	this date will not	၂၀ 605 က ၁၉ list တေ
recorc he 90	I specifies a dela th day after the	yed effective or record is filed.	date, but not	an effective t	ime, at 12:0	l a.m. on the	earlier
Jan	uary 3, 2019						
erd.			,	_ ·			
ed	-AH			ized representative			

Page 3 of 3

Filing Fee: \$25.00