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2019 SEP 13 MH 10: 17

; SULKER SEP 23 2019

COVER LETTER

	gistration Sec vision of Corp			
our recor		National Revitalization LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		Bradford Geisen		
			Name of Person	
		City Vision National Revit	alization LLC	
			Firm/Company	
		1095 Broken Sound Parkw	ay NW Suite # 100	
			Address	
		Boca Raton, Florida 33487		
			City/State and Zip Code	<u> </u>
		pclark@activedg.com		
		E-mail address: (to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
Phillip Cla	rk		561 988-9669 Ex at () Area Code Daytime	t 7302
	Name of	Person	Area Code Daytimo	: Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

(Name of the Limited Liabil) (A Florid	lity Company da Limited Liz	y as it now appea ability Company)	rs on our record	<u>s.</u>)		
The Articles of Organization for this Limited Liability C Florida document number <u>L18000282047</u>	Company w	vere filed on D	ecember 07, 20	18	and assi	gned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	nited liabili	ity company <u>h</u>	<u>ere</u> :			
The new name must be distinguishable and contain the words "Lin	mited Liabilit	y Company," the	designation "LLC	" or the abbrev	iation "L.I.	C."
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADD	RESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	201	
Mauning quaress MAT BE A POST OFFICE BOX					. SE	~~~
				·* *		· 7494
B. If amending the registered agent and/or registered agent and/or the new registered office add	istered off <u>dress here</u> :	ice address o	n our records	s, enter the	name o	of the nev
Name of New Registered Agent:	•			. D) i	- <u>-</u> -	
New Registered Office Address:		Enter Flo	rida street addres	rs		· · · · · · ·
			, Fl	orida		
		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 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>	Address	Type of Action
			Remove
			Add
			Remove
			Change
			Add
			Remove
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ective date, if other than the date of	09-10-2019		(optional)
effective date is listed, the date must be specif	ic and cannot be prior to date of	filing or more than 90 da	ivs after filing.) Pursuant to 605 (
e: If the date inserted in this block does ament's effective date on the Department	not meet the applicable stati t of State's records.	utory filing requiremen	ats, this date will not be liste
record specifies a delayed effectine 90th day after the record is fi	ve date, but not an ef led.	fective time, at 12	2:01 a.m. on the earlie
September 10	2019		
That Co			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00