

L19000148051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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SEP - 6 2019

2019 SEP 6 10:23

Amend Name
SEP 11 2019
J ALLEN
Ch

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RoxxRevolt & The Velvets 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:

Daniel R Heath

Name of Person

Firm/Company

2521 SW 29th Ter

Address

Cape Coral, FL 33914

City/State and Zip Code

RoxxRevolt.contact@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel R Heath

630

674-2744

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:
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**

RoxxRevolt & The Velvets LLC

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

2019 JUN 10 11:10

The Articles of Organization for this Limited Liability Company were filed on 06/04/2019 and assigned
Florida document number L19000148051.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Roxx Revolt & The Velvets LLC

The new name must be distinguishable and contain the words "Limited Liability 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:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Daniel R Heath	2521 SW 29th Ter	<input type="checkbox"/> Add
		Cape Coral, FL 33914	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Jacob Lynn Shockley	6665 Huntington Lakes Cir 202	<input type="checkbox"/> Add
		Naples, FL 34119	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Roxette D Barrios Roa	5296 Grand Cypress Cir Apt 204	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Naples, FL 34109	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

9/3 2019

Dak R. Hart

Signature of a member or authorized representative of a member

Typed or printed name of signee