# L19000182752

(Requestor's Name)
Address
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2000)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



000425590210

THE AH 9: 56



C3/11/19

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

3/11/24

NAME:

REVOLENT CAPITAL SOLUTIONS FUND 1, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## DocuSign Envelope ID: 5237A585-AD8D-42E7-8459-018FE9D63854 COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co				
SUBJECT:	Name of Lin	nited Liability Company		
	yame of the	med Elabitity Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
		Name of Person		
	<u> </u>	Firm/Company		
		Address		-
			AM ASSE	1
		City/State and Zip Code	AH 9: 56	٠
	E-mail address: (	to be used for future annual report not		
For further information of	concerning this matter, please c	all:		
Num	of Person	at () Area Code Davtin	ne Telephone Number	
Name (	or retson	Area Code Daytin	ie Telephone Number	
Enclosed is a check for t	he 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)	ı
Mailing Addre		Street Address:		
Registration Division of C		Registration Se		
P.O. Box 632		Division of Cor The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: 5237A585-AD8D-42E7-8459-018FE9D63854

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REVOLENT CAPITAL	SOLUTIONS FUND 1, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L19000182752	were filed onJuly 16, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
no change		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	no change	- S)
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		II AN 9:56
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new regist
Name of New Registered Agent: no change		
New Registered Office Address:		
	Enter Florida street add	ress
	1	Florida

#### 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.

City

Zip Code

DocuSign Envelope ID: 5237A585-AD8D-42E7-8459-018FE9D63854 in amenuing Authorized rerson(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
MGR	Josh Kuder	Josh Kuder	<b>=</b> Add
		217 N. Howard Avenue, Ste. 200	Remove
		Tampa, FL 33606	☐ Change
			□Add
			□Remove
			Change
			Change  ☐ Add
			Remove
			SAIT 6 Change
			□Add
			Remove
			Change
		41-11-17	
			□Remove
			□Change
			□Add
			□Remove
			□Change

			-				_
					·· ·		_
							_
			·	·			_
						<del></del> -	_
			<del></del>	<u> </u>	200 200 100 100 100 100 100 100 100 100	<u> </u>	<del>.</del>
					- भिर्म - एक	# <u></u>	: · : 
					TAT FL	9: 5	
					113	O	
					<del></del>		_
					<u> </u>		_
							_
Tective date, if other than to a reflective date is listed, the date interest If the date inserted in this cument's effective date on the	nust be specific and block does not m Department of St	cannot be prior to neet the applicab tate's records.	le statutory filing	g requirements, th	er filing.) Pur ils date will	not be I	isted a
	tive date, but not a	an effective tim	e, at 12:01 a.m. c	on the earlier of: (	b) The 90	th day a	fter the
ecord specifies a delayed effect is filed.							
is filed.	,	2024	. •				
record specifies a delayed effect is filed.  March 8  ted	<del></del> ,	2024	.•				

Filing Fee: \$25.00