

9000197201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

ies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



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12/26/19--01013--022 ♦♦25.00

JAN 27 2020
S. YOUNG

19 JAN 27 2020

Registration Section
Division of Corporations

Renelby Entertainment, LLC

Name of Limited Liability Company

Articles of Amendment and fee(s) are submitted for filing.

all correspondence concerning this matter to the following:

Scott Hixes

Name of Person

Renelby Entertainment

Firm/Company

1634 Settlers Circle, SE

Address

Palm Bay, FL 32909

City/State and Zip Code

RenelbyEntertainment@yahoo.com

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

Information concerning this matter, please call:

Scott Hixes

Name of Person

at

305

Area Code

407-0291

Daytime Telephone Number

check for the following amount:

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
Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
3415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

Revelry Entertainment

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

Articles of Organization for this Limited Liability Company were filed on 08/02/2019 and assigned
document number L19000197201

Document is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

Company name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Principal offices address, if applicable:

(Office address MUST BE A STREET ADDRESS)

Mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Changing the registered agent and/or registered office address on our records, enter the name of the new registered agent and the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Scott M. Hebbes

11634 Dullmer Creek SE

Enter Florida street address

Palm Bay

City

Florida

32909

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
requirements of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
submitted 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.

Scott M. Hebbes

Registered Agent's Signature of New Registered Agent

anager
uthorized Member

Name	Address	Type of Action
SCOTT M HIBBS	1634 Dittmer Circle SE	<input checked="" type="checkbox"/> Add
	Palm Bay, FL 32909	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
Barbara A Hibbs	1634 Dittmer Circle SE	<input checked="" type="checkbox"/> Add
	Palm Bay, FL 32909	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
Barbara A Hibbs	1634 Dittmer Circle SE	<input checked="" type="checkbox"/> Add
	Palm Bay, FL 32909	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
Andrew Hibbs	1634 Dittmer Circle SE	<input checked="" type="checkbox"/> Add
	Palm Bay, FL 32909	<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

ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Cott M. Nuckles is the CEO of Revelry
Entertainment, LLC
We are putting him as the AmBIC.

date, if other than the date of filing: December 20, 2019 (optional)

ive 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)
the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
t's effective date on the Department of State's records.

pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the

12/20/19

Barbara A. Nuckles

Signature of a member or authorized representative of a member

BARBARA A. NUCKLES

Typed or printed name of signee