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<u>.</u>

Fax Number

Division of Corporations

: (850)617-6383

From:

Account Number Account Name : INCORPORATE ME NOW "LLC" 120200000135

Fax Number (954)272-7829 (954)228-7409

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: 1NB BINCALENSY, COM.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAY'LOUR HOUSE LLC

Certified Copy Page Count Certificate of Status 91 C =

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Division of Corporations

Florida Department of State COUNTY

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audithumber (shown below) on the top and some bottom of all pages of the document of the fax audithumber (shown below). Electronic Filing Cover Sheet and a succession

JUN 24 2022

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet

COVER LETTER

	ision of Cor						
SITE OF CT.	TAY LOUR HOUSE LLC						
SUBJEAUT.		Name of Lin	ited Liability Company				
The enclosed	l Anicles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		George L Astwood					
			Name of Person				
		Incorporate Me Now LLC					
			Firm/Cempany				
		160 NW 176 STREET UN	TT 471				
		41	Address				
		MIAMI, FL 33169					
			City/State and Zip Code				
		info@incmenow.com	to be used for future annual report not	(Garran)			
For further in	าร์ดยกสย์ดก จ	oncerning this matter, please o		ncanony			
George L As							
	Name o	f Person	786 443-7998 at () Area Code Daytin	ne Felephone Number			
Enclosed is a	check for th	ne following amount:					
■ \$25.00 P	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Reg Div P.C	iling Addres gistration S vision of C D. Box 632 Iahassee, I	Section forporations 7	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FI	rporations Fallahassec ce Street, Suite 810			

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From, George Astwood

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAY'LOUR HOUSE LLC

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

The Articles of Organization for this Limited Liability Company	v were filed on ^{08/15/20})19 and assigned
Florida document number 1.19000208562		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
Be'Revel LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designa	tion "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 record	ls, 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 su	ect adilyess
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		,
I hereby accept the appointment as registered agent and agr		vity. I further narce to comply with the
provisions of all statutes relative to the proper and complete	performance of my d	uties, and I am familiar with and
accept the obligations of my position as registered agent as a burney filed to marghy reflect a change in the registered office		
being filed to merely reflect a change in the registered office company has been notified in writing of this change.	adaress, i nereby cor	yrm inta ine annieu aasaay
If Chai	nging Registered Agent, Si	gnature of New Registered Agent

To: Floride Dept Of state

Page: 5 of 7

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

Title	Name	Address	Type of Action
			□∧dd
			Remove
			(1) Change
			□Add
			□Remove
			□Change
			🗆 Add
			BRemove
			□Change
			URemove
			CChange
			□Add
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			[]Change
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	*			THE NAME OF THE PARTY.	
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ective date, if other than the	date of filing:	23:2022 		(optional)	
n effective date is fisted, the date mu te: If the date inserted in this b	a co speciale and carrier	a the prints to date of	thing or more than 90 utory filing requirer	nents, this date will n	ot be listed as the
cument's effective date on the D	epartment of State's	records.			
ecord specifies a delayed effectiv is filed.	e date, but not an off	ective tune, at 1.	2:01 a.m. on the ear	lier of: (b) The 90th	day after the
JUNE 6.	202	2			
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	Salmapun	Gral	a com		
<u></u>	∞ignature of a membe	r or authorized rep	resentative of a memi	oci	
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Filing Fee: \$25.00

Page: 7 of 7