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(Requestor's Name)	
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(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	
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COVER LETTER

Division of Cor	porations		
Ravelo Ho	oldings, LLC		
SUBJECT:			
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lisa Ravelo		
		Name of Person	
	Ravelo Holdings		
	.	Firm/Company	
	2326 NW Fork Road		
		Address	
	Stuart, FL 34994		
	lisaravelo@hotmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Lisa Ravelo		801 201-4135	
	···	at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing</u> Addres	s:	Street Address:	
Registration S		Registration Se	ction

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y Company as it now appears on our records Limited Liability Company)	<u>.</u>)			
The Articles of Organization for this Limited Liability Company were filed on October 2, 2019				
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ed Liability Company," the designation "LLC"				
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office address on our records, <u>enter t</u>	he name of the new reg			
Enter Florida street address				
	rida Ziv Code			
E E	ed liability company here: ed Liability Company," the designation "LLC" ESS) Enter Florida street address			

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 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
AMBR	Lisa Ravelo	2326 NW Fork Road, Stuart, FL 34994	
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			≣Remove
			□Change
MGR	Lisa Ravelo	2326 NW Fork Road, Stuart, FL 34994	
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October Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be priote: If the date inserted in this block does not meet the applicument's effective date on the Department of State's record	21, 2019 or to date of flicable statut	iling or more the	(opt an 90 days afte uirements, th	ional) er filing.) Pur is date will	rsuant to 605 not be list	5.02(ted a
ecord specifies a delayed effective date, but not an effective is filed.	time, at 12:0	Ol a.m. on the	e earlier of: (b) The 901	ih day afte	r the
December 18 2019						
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