

8/17/2021

Division of Corporations

L19000252673

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H21000309260 3)))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

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

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SECRET  
TALLAHASSEE, FLORIDA

2021 AUG 17 PM 2:00

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
REVOLUTION CAPITAL LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 06      |
| Estimated Charge      | \$55.00 |

2021 AUG 17 PM 12:29

TALLAHASSEE, FLORIDA

BB  
8/18/21

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REVOLUTION CAPITAL 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:

Cheyenne Moseley  
Name of Person  
Legalzoom.com, Inc.  
Firm/Company  
101 N Brand Blvd 11th Fl  
Address  
Glendale, CA 91203  
City/State and Zip Code  
mardare.investments@gmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL  
SECRETARY OF STATE

For further information concerning this matter, please call:

Cheyenne Moseley  
Name of Person  
800 773-0888  
at ( ) 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

REVOLUTION CAPITAL 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 were filed on 11/13/2019 and assigned  
Florida document number L19000282673.

This amendment is submitted to amend the following:

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

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 added 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         | SUA TRUONG  |  | <input type="checkbox"/> Add               |
|              |             | 400 N. Rome Ave., Unit 1404<br>TAMPA, FL 33606 | <input checked="" 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            |
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|              |             |  | <input type="checkbox"/> Remove            |
|              |             |  | <input type="checkbox"/> Change            |

STATE OF FLORIDA  
COUNTY OF DALLAS

SECRET

2021 AUG 17 PM 2:00

10

Dated August 10<sup>th</sup>, 2021

Signature of a member or authorized representative of a member

## Ion Mardare

Typed or printed name of signee