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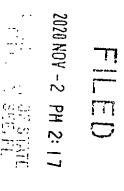
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Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
SUBJECT:	COMMUN	HTY PARTNERS REAL EST.	ATE MANAGEMENT L	LC.	•
SUBJECT;		Name of Lin	ited Liability Company		<del></del> -
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	indence concerning this matter	to the following:		
		GREG COLEMAN			
			Name of Person	<del> </del>	
		COMMUNITY PARTNE	RS REAL ESTATE MAI	NAGEMENT LLC	
			Firm/Company	<del>-</del>	<del></del>
		11 SOUTH SWINTON A	VE		
			Address		<del></del>
		DELRAY BEACH, FL 33	444		
			City/State and Zip Code		
		gcoleman@revest.com			
		E-mail address: (	to be used for future annual	report notification)	_
For further in	formation co	oncerning this matter, please ca	ıll:		
CHRISTOP	IER FINLE	Y, ESQ.	561 26	5-5053	
	Name of	Person	Area Code	Daytime Telephone Nu	mber
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee a Certified Copy (additional copy is enc	Cert	00 Filing Fee, ificate of Status & ified Copy toonal copy is enclosed)
Reg Div	ling Address istration S ision of Co . Box 632	ection orporations	Divisio	ation Section n of Corporations	
0.1	. בכט גטם .	1	rne Cei	ntre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMMUNITY PARTNERS REAL ESTATE MANAGEMENT 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 JANUARY 7, 2020 and assigned Florida document number \_\_L20000013657 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Revest LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

## 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>	Address	Type of Action
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			□Remove
			DChange
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ective date, if other than the effective date is listed, the date mute: If the date inserted in this burnent's effective date on the I	ist be specific and cannot be p lock does not meet the ap Department of State's reco	rior to date of filing plicable statutory rds.	or more than 90 days aff filing requirements, t	his date will not b	oe listed as
cord specifies a delayed effecti s filed.		'e time, at 12:01 a	m. on the earlier of:	(b) The 90th da	y after the
ed October 29	2020				
$\alpha$					
M	Signature of a member or a				

Filing Fee: \$25.00