## L20 000050941

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
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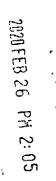


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## **COVER LETTER**

TO:	Registration Se Division of Corp			
	REVNAQ I	LLC		•
SUBJE	CT:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-	_	
		OLIVER YOUSSEF	···- ···- ··· ··· · · · · · · · · ·	
			Name of Person	
		PRICE DEAN LLC		
		· · · · · ·	Firm/Company	
		1300 EAST ATLANTIC B	BLVD SUITE A	
			Address	
		POMPANO BEACH/FL 3	3060	
			City/State and Zip Code	
		ahmet@revnaq.com		
		E-mail address: (	to be used for future annual report notif	ication)
For fun	ther information c	oncerning this matter, please ca	all:	
OLIVE	ER YOUSSEF		954 9063924 at ()	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$2:	5.00 Filing Fee	S30.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Compa	ny as it now appear	s on our records.)	<del></del>
<del></del>	(A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Li	ability Company	were filed on $\frac{2/1}{2}$	3/2020	and assigned
Florida document number L20000050941				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company he	ere:	
1. If alliending			_	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the d	esignation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applic	able:	5379 LYONS R	D #868	<u>.</u>
(Principal office address MUST BE A STREE		COCONUT CR	EEK, FL 33073	
				2070 FEB
Enter new mailing address, if applicable:		5379 LYONS R	LD #868	26
(Mailing address MAY BE A POST OFFICE	BOX)	COCONUT CR	EEK, FL 33073	PH
(Mutang universal MATE DESTREE OF COLUMN	<u> </u>			2: 0
				Fig. on
B. If amending the registered agent and/or ragent and/or the new registered office addre		address on our r	ecords, <u>enter the nan</u>	<u>1e of the new registered</u>
Name of New Registered Agent:	PRICE DEAN	LLC		
New Registered Office Address:	1300 EAST A	TLANTIC BLVD	SUITE A	
		Enter Flo	rida street address	
	POMPANO B		, Florida <u>33</u>	3060
		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>	Address	Type of Action
MGR	LEVEND KILINC	2313 NE 2ND ST	□Add
		POMPANO BEACH, FL 33062	<b>=</b> Remove
			Change
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			Change
		<del></del>	
			□Remove
			Change
		<del></del>	□Add
			Remove
			Change
			□Add
			□Remove
			□Change

ii ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an ef Note:	ive date, if other than the date of filing:  (optional)  (ective 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 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
ne reco ord is f	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	2/24/2020
	Signature of a member or authorized representative of a member
	AHMET KARAGOZ  Typed or printed name of signee

Filing Fee: \$25.00