L20000300942

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COVER LETTER

TO:	Registration Section Division of Corpor						
SUBJEC	CT: Mery	/Z 3	Wavez Name of Lim	ReMal ited Liability Company	LLC.	 	
The encl	osed Articles of Am	endment a	nd fee(s) are sub	mitted for filing.			
Please re	turn all corresponde	nce conce	ning this matter	to the following:			
		F	rancois	Name of Person	39/		
				Firm/Company	 		
			510 Nn	/ 12/65+ Address			202
		A	liami.	FL 33	1.68		2020 OCT 16 PM 1: 09
	-		1	City/State and Zip C		1 ion)	16 PM 10
For furth	ner information conc	erning this	matter, please c	all:			09
Fi	ancoise (<u>Alisa</u>	1	at 305 Area Code	<i>/</i>	C) 14 Jephone Number	
Enclosed	d is a check for the fo	ollowing a	mount:				
□ \$25.	.00 Filing Fee		Filing Fee & cate of Status	□ \$55.00 Filing Certified Cop (additional copy)y	\$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en	tus &
	Mailing Address:			Stre	et Address:		

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

<u> Hervz 3 Navez</u>	Revita/	LLC			
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appe ited Liability Company	ars on our records.)			
The Articles of Organization for this Limited Liability Comp Florida document number <u>L2000300947</u> .	oany were filed on _	9/23/2020	and assig	gned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	LLC		obreviation "L.L	C.``	-
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS	<u> </u>			2018	_
				91 130	- <u>1</u> :
Enter new mailing address, if applicable:					- 171
Mailing address MAY BE A POST OFFICE BOX)			1.A	 	- U -
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our	records, enter the nan	ne of the new	registe	<u>ered</u>
Name of New Registered Agent:					_
New Registered Office Address:	Enter Fl	lorida 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 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	Kervens Francois	510 NW 146St	ID/Add
		Miami F1 33168	□Remove
			□ Change
		W	□Add
			□ Remove
			□ Change
			□Add
			Remove
			Add
			☐ Change
			□ Add
			Петюче
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