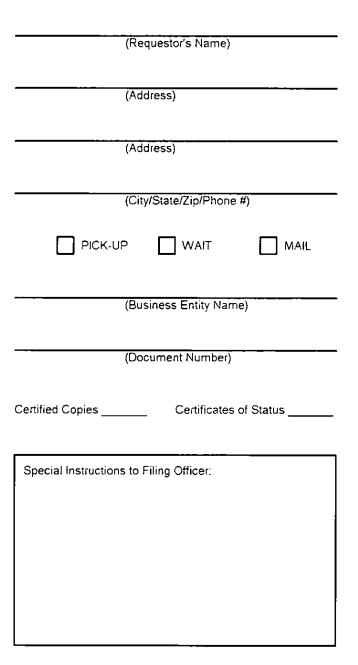
LZI 0000 37555



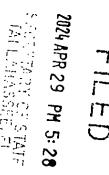






600428668186

04/79/24--010/0--007 **25.00



COVER LETTER

TO: Registration Sec Division of Corp			
SURTECT: R. Ja	A Associates Name of Lim	L.L.C.	
300000001	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
		Charlemagne Name of Person	
	Reva & A	ssociates L.L.C.	
	7901 4th	St N Ste 300 Address	
	St. Person	Gity/State and Zip Code	
		nail com to be used for future annual report notif	
For further information co	ncerning this matter, please c	all:	
Reva Charlemagne Name of Person		at (813) 465 ··· 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		Street 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

Reva B Associates L.L. (Name of the Limited Liability Compa-	ny as it now appea liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	1/19/2021	and a	ssigned
Florida document number <u>L 21000037555</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company h	ere:		
The new name must be distinguishable and contain the words "Limited Liabil	117 Company, the	 designation "LLC" or t	the abbreviation	LLC"
Enter new principal offices address, if applicable:	_	يو بره		
(Principal office address MUST BE A STREET ADDRESS)			2024	
	·		2024 APR 29	<u> </u>
Enter new mailing address, if applicable:	5	a mē	- SS - B	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)			M 5: 28	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our r	ecords, <u>enter the</u>	name of the n	ew registered
Name of New Registered Agent:	Same			
New Registered Office Address:	Sarve_ Enter Flo	rīda sīreet address		
		, Florida	a	
Nove Description of the state o	City		Zip Cod	ę
New Registered Agent's Signature, if changing Registered Agent:	and the state of the state of	and the state of the		on the fall of
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of provided for in (my duties, and Le Chapter 605, F.S.	am familiar w Or, if this do	eith and cument is

If Changing Registered Agent, Signature of New Registered Agent

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
			□Remove
			□Change
			Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Change
			□Add
			□Remove
			□ Change

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ective da	te, if other	r than th	ie date of fi	ling:	18/2024	(optional) or more than 90 days after filing) Pursuant to 605.020
effective o	ate is listed, Into incorte	the date m	iust be specific	and cannot be price	or to date of filing	or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a
ument's e	ffective da	te on the	Department	of State's record	S.	ring requirements, this date will not be fisted a
			•			
	fies a delay	ed effect	ive date, but	not an effective	time, at 12:01 a	i.m. on the earlier of: (b) The 90th day after the
s filed.						
ed	April	2125		_ , <u>_ 202</u> ,	<i>†</i>	
	T					
			(o) i	V .~ -	_	
				/		
			Signature o	ota member or aut	horized represent	ative of a member
-			Si gnut ure o	ot(a member or aut	horized represent	tative of a member