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05/24/21--01014--026 **55.00

21 MAY 24 PH 3: 18

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division	of Corporation	s			
	eo IT Solutions	LLC			•
Name of Limited Liability Company			, a.115		
The enclosed Artic	cles of Amenda	ent and fee(s) are subr	mitted for filing.		
Please return all co	orrespondence c	oncerning this matter	to the following:		
	Rob	ert S. Von Stein			
			Name of Person		
	Revo	co IT Solutions LLC			
		Firm/Company			
	2824	Saint Barts Square			
		<u> </u>	Address		
	Vero	Beach, FL 32967			
			City/State and Zip Code		 .
	bob@	reveo-inc.com			
			to be used for future annual re	eport notification)	
For further inform	ation concernin	g this matter, please ca	all:		
Robert Von Stein				-1200	
	Name of Person	<u> </u>	at () Area Code	Daytime Telephor	ne Number
Enclosed is a chec	k for the follow	ing amount:			
□ \$25.00 Filing	Fee \$3	0.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A			Street Ado		
	Registration Section Registration Section Division of Corporations Division of Corporations			าร	
P.O. Box 6327 The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A STREET

Reveo IT Solutions LLC

21 MAY 24 PM 3: 18

	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Plorida document number L21000166039	oility Company were filed on April 9, 21021	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	<u> </u>
(Principal office address MUST BE A STREET)	ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
		name of the new registe
agent and/or the new registered office address l	<u>here</u> :	
	<u>here</u> :	

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

MGR = M	lanager			
	authorized Member Name	Address	21 MAY 24 PH 3: 18	Type of Action
AP	Linda M. Guliuzza	2824 Saint Bart		
		Vero Beach, FL		_
				□Change
				🗆 Add
			·	□Remove
			<u> </u>	□Change
		 -		🗆 Add
				🗆 Remove
			<u> </u>	□Change
				□Add
				🗆 Remove
			<u> </u>	□Change
				□Add
				□ Remove
				□Change
				□Add
				□Remove
				□Change

If amending any other information, enter change(s) here: (Attach	n additional sneeds, ty necessary,
	21 MAY 24 PM 3: 18
Effective date, if other than the date of filing: If an effective date is listed, the date most be specific and cannot be prior to date of to Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 story filing requirements, this date will not be listed as
e record specifies a delayed effective date, but not an effective time, at 12: rd is filed.	:01 a.m. on the earlier of: (b) The 90th day after the
Dated May 21 Collect	resentative of a member
•	
Robert S. Von Stein Typed or printed name of	fsignee

Filing Fee: \$25.00