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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2021

DEWAYNE WILLIS 2226 SW 1ST ST CAPE CORAL, FL 33991

SUBJECT: REVOLUTION WATER LLC

Ref. Number: L21000180654

We have received your document for REVOLUTION WATER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorrect form was recevied. Dewayne Willis is already the registered agent reflected on sunbiz.org. It appears you are trying to add DewayneWillis under the authorized person detail. Enclosed is the amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley Regulatory Specialist II

Letter Number: 121A00020560

COVER LETTER

SUBJECT: Revolution Woter LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Dewoyne Willis Name of Person Yevolution Woter Firm/Company 2226 S.W. 4st st Address Cape Corol, Fl., 33991 City/State and Zip Code Willis 024 @ gmail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Deworne Will's Name of Person Vevolution Water Firm/Company 2224 S.W. 4st st Address Cape Coral, Fl., 33991 City/State and Zip Code Will's 024 @ gmail. Com I:-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
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DEWOYNE WIIIS at (PM) 2333-5546 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (additional copy is enclosed)	of Status & py

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

<u> </u>	Un higher LUC
(Name of the Limited Liability (A Florida l	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L21000180654</u>	ompany were filed on $4-19-2021$ and assigned.
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	ESS)
	202
Enter new mailing address, if applicable:	SEP -
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Example of the second discount of the second
	Enter Florida street address
<u> </u>	, Florida City Zip Code
	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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	<u>Dewayne</u> J Willis	2226 S.W 1st St, cape & con	6/, F/X Add
		33991	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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			□Change

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(If an effective date Note: If the date	if other than the date of filing:
the record specifies cord is filed.	is a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 9-3	3-2021
	Dewayne Willis Typed or printed name of signee
	De Wo Vne Willic
	Typed or printed name of signee