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TALLAHASSEE, FL

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COVER LETTER

**Registration Section Division of Corporations
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:
Fability Rocke Name of Person
Revel + Design Events, LLC Firm/Company
109) Palma Wrde Pl. Address
Apopla FL : 32712 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fuhibles Record at (780) 1526-5765 Name of Person at (780) Daytime Telephone Number
Enclosed is a check for the following amount:
© \$25.00 Filing Fee

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

Street Address: 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

Revel + Design (Name of the Limited Liabil)	EVENT / LLC ity Company as it now appears on our records.) a Limited Liability Company)
(A Florid	a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L 21006365345</u>	Company were filed on $\frac{5/3/2021}{200}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
	TK.
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
F	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	
(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:	d office address on our records, <u>enter the name of the new registered</u>
N. CN. D. C.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida 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 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>	<u>Address</u>	Type of Action
AMBR	Fabiola Roche	1092 Palma verde Pl.	🖒 Add
		Apopta, FL 32712	□Remove
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ocument's effe	ctive date o	ni the Depar	iment of a	State's rect	oras.				
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