

121000309224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

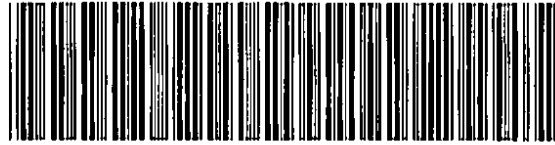
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000375501420

10/25/21--01039--028 **25.00

2021 OCT 25 AM 11:17
NOTED
STATE
CLERK

A. BUTLER

NOV 09 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REVIVE GROUP INTERNATIONAL, 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:

KARINA HEEGAARD

Name of Person

KARINA HEEGAARD, CPA, PA

Firm/Company

2031 HARRISON STREET

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

KARINA@HEEGAARDCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARINA HEEGAARD

305 697-5331
at ()

Name of Person

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:

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**

REVIVE GROUP INTERNATIONAL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 OCT 25 AM 11:17

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/06/2021 and assigned
Florida document number L21000309224.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

500 SE 15 STREET, SUITE 102

(Principal office address MUST BE A STREET ADDRESS)

FT. LAUDERDALE, FL 33316

Enter new mailing address, if applicable:

8958 WEST STATE ROAD 84 #245

(Mailing address MAY BE A POST OFFICE BOX)

DAVIE, FL 33324

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

K.N. HEGEDUS

New Registered Office Address:

500 SE 15 STREET, SUITE 102

Enter Florida street address

FT. LAUDERDALE

, Florida 33316

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>	<u>Type of Action</u>
MGR	ILONA A SZEKERES	1180 NE 1 STREET #4	<input type="checkbox"/> Add
		FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	K.N. HEGEDUS	500 SE 15 STREET #102	<input checked="" type="checkbox"/> Add
		FT. LAUDERDALE, FL 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 21, 2021

K.H. HEGEDUS

Typed or printed name of signee

Filing Fee: \$25.00