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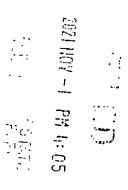
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A. BUTLER NOV 1 2 2021

## **COVER LETTER**

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Reviv-	U LLC	
	Liability Company	
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Ritk	1 Shpicimer	
	Name of Person	<del></del>
Re~	U	
	Firm/Company	<del></del>
221 W.	Hallandale Beac	r Blvd
	Address	
H	allandale Beach	FL 33009
E-mail address: (to be	e used for future annual report notification	ail.com
erning this matter, please call:		
Shpielman	_at (_845)300	2610
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☐ \$30.00 Filing Fee & (Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
rtion	Street Address:	
	Revive- Name of Limited  mendment and fee(s) are submit ence concerning this matter to t  Rift  Ri  Z21 W.  Z21 W.  E-mail address: (to be cerning this matter, please call:  Shfillman erson  ollowing amount:  □ \$30.00 Filing Fee &	Revive U LLC  Name of Limited Liability Company  mendment and fee(s) are submitted for filing.  ence concerning this matter to the following:  Riffy Shpielman  Name of Person  Revive - U  Firm/Company  221 W. Hallandale Beach  City/State and Zip Code  (ICK) Spielman @ 9 m  E-mail address: (to be used for future annual report notification eterning this matter, please call:  Shpielman  at (845)  Area Code  Daytime Telep  Solo Filing Fee & Certified Copy  (additional copy is enclosed)

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

TO: Registration Section

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

	2021 Nov	L 0:4-1-
( <u>Name of the Limited Liability (</u> (A Florida Li	2071 HOW Company as it now appears on our remited Liability Company)	korlls.) 4: U5
The Articles of Organization for this Limited Liability Con	npany were filed on	STATE and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d 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:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
<del></del>		
3. If amending the registered agent and/or registered of	ffice address on our records, <u>er</u>	iter the name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	<del>.</del>	
	Enter Florida street ac	ldress
		, 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 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
AMBR	Rifky Shpelman	221 W Hai	Martale Bruch	<u>B</u> /- d Add
	Rifky Shpelman	1-fallanduk	Beach ,FL	□Remove
			3 3 009	🗹 Change
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				□ Change

If an e Note:	tive date, if other than the date of filing:
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Datec	10/27/2021 Li
	Kir L
	Signature of a member or authorized representative of a member  RH-KM Shpie/MG \(\text{NG}\)  /Typed or printed name of signee

Filing Fee: \$25.00