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TO: Registration Section **Division of Corporations** REVOLENT CAPITAL SOLUTIONS FUND TEN, LLC SUBJECT: 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: Denise Annunciata Name of Person Velawcity Firm/Company 29 Kathryn Drive Address Ashland, MA 01721 City/State and Zip Code denise@velawcityinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Denise Annunciata Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (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

DocuSign Envelope ID: 5237A585-AD8D-42E7-8459-018FE9D63854 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



REV	OLENT CAPITAL	SOLUTIONS FUND	TEN, LL 2024 HAR 11 AM 10: 38	
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears o Liability Company)	TALLAHASSEE FLORIDA	
The Articles of Organization for this Limited I Florida document number L22000001012	Liability Company	were filed on Janu		
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liah	ility company here		
no change				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		no change		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:	registered office	address on our reco	rds, <u>enter the name of the new register</u>	
Name of New Registered Agent.				
New Registered Office Address:		Enter Florida	street address	
		City	, Florida Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the propactions of the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	performance of my provided for in Cha	duties, and I am familiar with and opter 605, F.S. Or, if this document is	
	If Cha	nging Registered Agent.	Signature of New Registered Agent	

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11 amending Authorized rerson(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
MGR Jo	Josh Kuder	Josh Kuder	≡ Add
		217 N. Howard Avenue, Ste. 200	□Remove
		Tampa, FL 33606	□Change
			□Add
			Remove
			□Change
			🗀 Add
			Remove
			□Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
			□Add
		<u></u>	□Remove
			□ Change

Filing Fee: \$25.00

Bryson Raver, Manager

Typed or printed name of signee