

L220000001144

(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP

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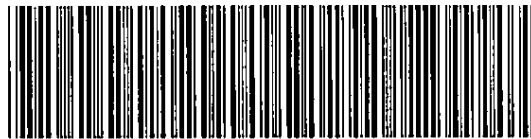
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**DATE: 3/11/24**

**NAME: REVOLENT CAPITAL SOLUTIONS FUND NINE, LLC**

**TYPE OF FILING: AMENDMENT**

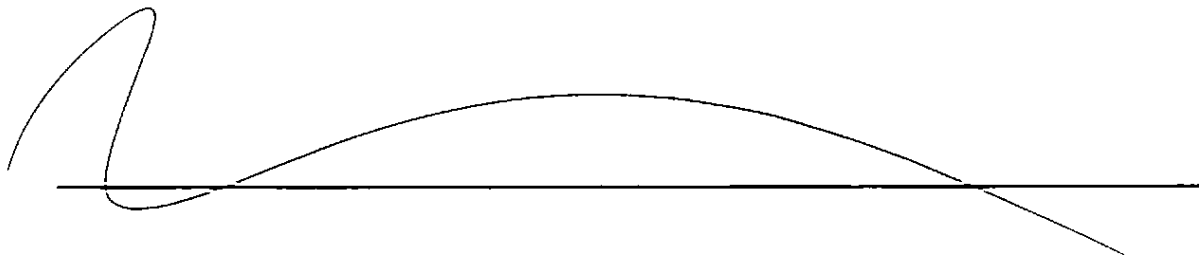
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



A handwritten signature in black ink, consisting of a large, stylized initial 'A' followed by a long, sweeping horizontal stroke that extends across the width of the page and slightly below the baseline.

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

REVOLENT CAPITAL SOLUTIONS FUND NINE, LLC

2024 MAR 11 AM 10:32

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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 3, 2022 and assigned  
Florida document number L22000001144.

This amendment is submitted to amend the following:

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

no change

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:

no change

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

no change

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 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



D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

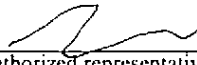
Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**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.

If the record 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 record is filed.

Dated March 8 2024

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Bryson Raver, Manager  
\_\_\_\_\_  
Typed or printed name of signee