L22000088191

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COVER LETTER

TO: , F	legistration Sec Division of Corp	ction porations		
eun ir ca	REVLUC O			
SUBJECT	r:	Name of Lim	ted Liability Company	<u> </u>
The enclos	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please rett	ırn all correspor	ndence concerning this matter	to the following:	
		DERRICK CULVER		
			Name of Person	
		REVLUC DKASO FASHI	ONS LLC	
			Firm/Company	
		1800 N. 35TH ST.		
		<u></u>	Address	
		FT. PIERCE, FLORIDA 34	1947	
			City/State and Zip Code	
		DkasoApparelinc@gmail.co		
		E-mail address: (1	o be used for future annual report notif	ication)
For further	r information co	ncerning this matter, please ca	ill:	
Derrick C	ulver		954 336-2050	
	Name of	Person	at ()	e Telephone Number
Enclosed i	s a check for th	e following amount:		
\$25.0	O Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Revluc Okaso Fashions LLC

2022 HAY 24 PM 4: 00

(Name of the Limited)	Liability Company as it now appears on our records. Florida Limited Liability Company)	SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liab	pility Company were filed on January 19,2022	and assigned
Florida document number L22000088191		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
Revluc Dkaso Fashions LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
(Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, enter th	ne name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	771.	 .
	, Flor	ida Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	
	————— agent and agree to act in this capacity. I furt.	her agree to comply with

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>	<u>Address</u>	Type of Action
<u>_</u>			□ Add
			□Remove
			Change
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Effective date, if other fan effective date is listed, the Note: If the date inserted document's effective date	ne date must be specific I in this block does no	and cannot be prion t meet the applic	cable statutory fi	r more than 90 days af			
	d effective date, but	not an effective t	ime, at 12:01 a.r	n. on the earlier of:	(b) The 90th	day after	the
e record specifies a delayerd is filed.							
d is filed. Dated MMay 23			·				
d is filed. Dated MMay 23	Derric Signature of	_ ,	 (U-eje				