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(Requestor's Name)
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2022 JUL 25 PH I: IO

COVER LETTER

Division of Co					
SURTECT: DEVIVE	IV HYDRATION, LLC				
	Name of Limi	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Corpor	ate Maintenance Le	ad		
		Name of Person			
	Proc	essing Department			
	Firm/Company				
	1	450 Vassar St			
		Address			
		Reno, NV 89502			
		City/State and Zip Code			
	E-mail address: (to be used for future annual report noti	fication)		
For further information	concerning this matter, please of				
Processing Department		at (800) 638-2320	e Telephone Number		
, vaint	W. C. 2011				
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. Hox 6327 Tallahassee, FL 32314		STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Budding 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JUL 25 PM 1:10

REVIVE IV HYD	DRATION, LLC	15-148Y OF 87770
(Name of the Limited Liability Compa (A Florida Limited)	DRATION, LLC ny as it now appears on our records.) A habitity Company)	LEAHASSÉE, FL
The Articles of Organization for this Limited Liability Company	were filed on 03/09/22	and assigned
Florida document number L22000120635		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.1C."
Enter new principal offices address, if applicable:	900 Pine Street Ste 111B	
(Principal office address MUST BE A STREET ADDRESS)	Englewood FL, 34223	
Enter new mailing address, if applicable:	4291 South Tamiami Trail #1	026
(Mailing address MAY BE A POST OFFICE BOX)	Venice FL, 34223	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, ente	r the name of the new
	_	
Name of New Registered Agent:		
New Registered Office Address: Enter Florida street address		
	, 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 hability 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>	Name .	Address	Type of Action
	 		
			Remove
			Change
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Remove
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			🖸 Add
			☐ Remove
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			Add
			Remove
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D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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No	fective date, if other than the date of filing: N/A (optional) n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wiccument's effective date on the Department of State's records.	ursuant ill not b	to 605.0 e listed	207 (3)(b) as the
If the	record specifies a delayed effective date, but not an effective time, at $12.01\ a.m.$ or The 90th day after the record is filed.	n the i	earlier	of:
Da	nted 7-13-22			
	nted 7-13-22. Signature of a member or authorized representative of a member		 -	
	Michelle Church			
	Lyped or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00