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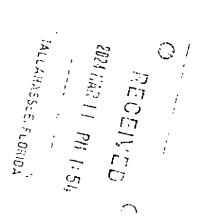
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REVOLENT CAPITAL SOLUTIONS FUND SIXTEEN, LLC

TYPE OF FILING: AMENDMENT

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RETURN: PLAIN COPY

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AUTHORIZATION: ABBIE/PAUL HODGE

TO: Registration S Division of Co					
REVOLEN SUBJECT:	NT CAPITAL SOLUTIONS F	UND SIXTEEN. LLC			
SUBJECT:	Name of Lin	nited Liability Company		-	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Denise Annunciata				
		Name of Person	· · · · · · · · · · · · · · · · · · ·	<del></del>	
	Velaweity				
		Firm/Company			
	29 Kathryn Drive				
		Address			
	Ashland, MA 01721			MHID: 17	
		City/State and Zip Code		- ES A O	
	denise@velawcityinc.com				
For further information of	E-mail address: ( oncerning this matter, please e	to be used for future annual report noti	lication)	[11]	
Denise Annunciata		508 277-1966			
Name o	t Person	at () Area Code Daytim	e Telephone Numb	per	
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P.O. Box 632 Tallahassee, 1		The Centre of T 2415 N. Monroe		810	
i airailassee, l	>->	4710 IN. MONIO	a Burcot, Sunt	UIV	

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REVOLENT CAPITAL		-		
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company	y)	<u>131.</u> )	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	July 5, 2022		and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company	here:		
no change				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," th	e designation "LLC	or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	no change			
(Principal office address MUST BE A STREET ADDRESS)				7697
Enter new mailing address, if applicable:			in Si	
(Mailing address MAY BE A POST OFFICE BOX)			E FLE	10: 17
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our	r records, <u>enter</u>	the name o	f the new register
Name of New Registered Agent: no change				
New Registered Office Address:	Enter F	lorida strvet addres	,y	

### 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.

City

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If 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>	Address	Type of Action
MGR	Josh Kuder	Josh Kuder	<b>=</b> Add
		217 N. Howard Avenue, Ste. 200	□Remove
		Tampa, FL 33606	□ Change
			□ Add
			□Remove
		<del> </del>	Change
			FOAdd
			Remove BRemove
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					<del></del>
Effective date, if other than the fan effective date is listed, the date me Note: If the date inserted in this between the fact in the feet of the feet the fee	e date of filing:  ast be specific and cannot be prior to block does not meet the applicab Department of State's records.	date of filing or more than 90 de statutory filing requirer	(optional) days after filing.) Pu nents, this date will	suant to 0 not be l	605.020 listed as
ocument's effective date on the l					fter the
record specifies a delayed effecti	ve date, but not an effective tim	e, at 12:01 a.m. on the ear	lier of: (b) The 90	ith day a	
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