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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
		—
☐ PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO:

Registration Section Division of Corporations

REV NAII	S LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fec(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	SOTHEANY CHIM		
		Name of Person	
	REV NAILS LLC		
		Firm/Company	
	2717 ANDES WAY		
		Address	
	SAINT CLOUD, FL 34769)	
		City/State and Zip Code	·
	revnails88@gmail.com		
	E-mail address: (to be used for future annual report not	ilication)
For further information	concerning this matter, please ca	all:	
SOTHEANY CHIM		267-504-25: at ()	
Name	of Person	at () Area Code Daytin	ne Telephone Number
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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REV NAILS LLC				
(Name of the Lim	ited Liability Compar (A Florida Limited L	ny as it now appears on liability Company)	our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on 07/18/2	022 and assigned	
Florida document number L22000317336				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		2717 ANDES WAY SAINT CLOUD FL 34769		
(Principal office address MUST BE A STRE	ET ADD <u>RESS)</u>			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre	U	iddress on our recor	ds, enter the name of the new registe	
Name of New Registered Agent:	SOTHEANY CHIM			
New Registered Office Address:	2717 ANDES V			
	Enter Florida street address			
	SAINT CLOUD)	Florida 34769	
		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 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>	Address	Type of Action
MGR	SOTHEANY CHIM	2717 ANDES WAY SAINT CLOUD FL34769	= Add
			□Remove
			□Change
			□Add
			□Remove
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REV NAILS LLC						
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fective date, if other than n effective date is listed, the date: If the date inserted in the cument's effective date on the	te must be specific and his block does not r	d cannot be prior meet the applic	able statutory till	more than 90 day	optional) s after filing.) Pursi s, this date will r	ant to 605.0207 of be listed as
ecord specifies a delayed eff is filed.	fective date, but not	t an effective ti	me, at 12:01 a.m	, on the earlier	of: (b) The 90th	day after the
nted 07(25/20).}.		<u></u> .			
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			orized representati	Č il .		