

L22000375819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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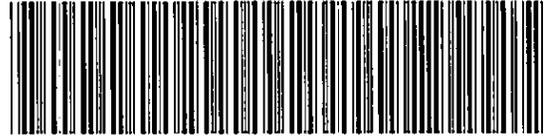
(Business Entity Name)

(Document Number)

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**DATE: 3/11/24**

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

**TYPE OF FILING: AMENDMENT**

**COST: 25.00**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

REVOLENT CAPITAL SOLUTIONS FUND NINETEEN, LLC

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

The Articles of Organization for this Limited Liability Company were filed on August 29, 2022 and assigned Florida document number L22000375814.

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)**

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**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*

\_\_\_\_\_, **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 liability company has been notified in writing of this change.*

\_\_\_\_\_  
**If Changing Registered Agent, Signature of New Registered Agent**

If ascending 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>	<u>Type of Action</u>
MGR	Josh Kuder	Josh Kuder	<input checked="" type="checkbox"/> Add
		217 N. Howard Avenue, Ste. 200	<input type="checkbox"/> Remove
		Tampa, FL 33606	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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