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	(Business Entity Name)	
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NAME:

REVOLENT CAPITAL SOLUTIONS FUND TWENTY, LLC

TYPE OF FILING: AMENDMENT

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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	istration Se ision of Cor			
eun neer	REVOLE	NT CAPITAL SOLUTIONS F	UND TWENTY, LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Denise Annunciata		
			Name of Person	
		Velaweity		
			Firm/Company	19
		29 Kathryn Drive		
			Address	
		Ashland, MA 01721		
		-	City/State and Zip Code	. S. ώ.
		denise@velawcityinc.com	Address City/State and Zip Code City/State and Zip Code The Code The Cod	
		E-mail address: (to be used for future annual report not	ification)
For further in	iformation c	oncerning this matter, please co	all:	
Denise Annu	ınciata		at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)
	ling Addres gistration S		<u>Street Address:</u> Registration Se	ction
Div	ision of C	orporations	Division of Cor	rporations
). Box 632		The Centre of	
Lal	lahassee, F	1U 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

	T CAPITAL SOLUTIONS F		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now apported Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liabilit		October 10, 2022	and assigned
Florida document number	 ·		
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the <u>l</u>	imited liability company	<u>here</u> :	
no change			
The new name must be distinguishable and contain the words "	Limited Liability Company," the	e designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	no change	 	:? :?
Principal office address MUST BE A STREET AD	DRESS)		
			;;; ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
		j. Cj	
Enter new mailing address, if applicable:			C 37* 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u> </u>	9: 5
			<u>m</u> ; œ
B. If amending the registered agent and/or registered agent and/or the new registered office address her Name of New Registered Agent:		records, <u>enter the nam</u>	e of the new regi
	-		
New Registered Office Address:	Enter F	lorida 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

DocuSign Envelope ID: 5237A585-AD8D-42E7-8459-018FE9D63854 rt 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	
		217 N. Howard Avenue, Ste. 200	□Remove
		Tampa, FL 33606	□Change
			□Add
			Remove
			☐ Change
			SSO PLANT STAND
			□Change
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		statutory tiling requirements,	this date w	in not b	e fistea
				0th day	after th
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