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COVER LETTER

TO: Registration Se Division of Cor			
	ENTURES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PAUL REVAY		
		Name of Person	
	REVAY VENTURES LLC	S	
		Firm/Company	
	7310 RIVER COUNTRY	DR	
		Address	BLL STATE
	WEEKI WACHEE, FL 34	607	
		City/State and Zip Code	
	PAULREVAY@GMAIL.C		
	E-mail address: (to be used for future annual report notifi	
For further information e	oncerning this matter, please ca	ali:	r'
TUYET HOANG		301 801-8488 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	
Registration S Division of C		Registration Secunity Division of Corp	
P.O. Box 632		The Centre of Ta	
Tallahassee, 1	FL 32314		Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REVAY VENTURES LLC	
(Name of the Limited Liability Company as it now appears on our reco	ords.)
he Articles of Organization for this Limited Liability Company were filed on 12/14/2022	and assigned
lorida document number 122000 577276	
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:	(n 17) -11:- 1
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	3.7
Principal office address MUST BE A STREET ADDRESS)	
	<u></u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records, entogen and/or the new registered office address here:	er the name of the new regi
Name of New Registered Agent:	
Navy Panigtared Office Address	
New Registered Office Address: Enter Florida street adds	ress
·	Florida
	Zin 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 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
AMBR	PAUL REVAY	7310 RIVER COUNTRY DR	≡ Add
		WEEKIE WACHEE, FL 34607	□Remove
			□ Add
			□Remove □ E □ Change □ C
			□Add □Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
		-	□Change
			□Remove

Effective date, if other than the date of filing:	
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rd is filed.	nant to 605,0207 of be listed as
4	i day after the
Dated $3/15/23$, 2023	
Dated 3/15/23 , 2023. Roll Signature of a member or authorized representative of a member	

Typed or printed name of signee