

L23000133321

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(Address)

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(City/State/Zip/Phone #)

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MAR 30 2023

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SECRETARY OF
TREASURY

2023 MAR 30 AM 10:47

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2023 MAR 30 AM 10:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Revive U Enterprise LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keyundra Davis
Name of Person

Revive U Enterprise LLC
Firm/Company

2241 N Monroe St. STE 1517
Address

Tallahassee, Florida 32303
City/State and Zip Code

ReviveU22@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keyundra Davis at (850) 408-4208
Name of Person Area Code Daytime 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2023 MAR 30 AM 10:47

Revive U Enterprise LLC

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

SECRETARY
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on MARCH 15th 2023 and assigned Florida document number L23000133321.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

(Principal office address MUST BE A STREET ADDRESS)

3455 Gentle Wind Way NO

Tallahassee, Florida 32317

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Keyundra Davis

New Registered Office Address:

3455 Gentle Wind Way T

Enter Florida street address

Tallahassee

City

Florida

32317

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.

Keyundra Davis

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 3/30, 2023

Kenneth D.
Signature of a member of a

Signature of a member or authorized representative of a member

Keyandra Davis

Typed or printed name of signee

Filing Fee: \$25.00