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| Special Instructions to | Filing Officer: | |
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| TO: Registration S Division of Co | | | | | | |
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| SUBJECT: | Revive Indus | tries LLC | | | | |
| | Name of Lin | nited Liability Company | | | | |
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return all corresp | condence concerning this matter | to the following: | | | | |
| | Kas | sta M. Berge Name of Person | | | | |
| | Revi | Je Industries UC | 20 | | | |
| | 9151 | Calosa Rd. | 2023 17 17 22 | | | |
| | fort (| Myers FL 33907 City/State and Zip Code | | | | |
| | | Beye 22 e gmal. car to be used for future annual report notifica | niou) N ລັ | | | |
| For further information | concerning this matter, please c | all: | | | | |
| Kusta Name | Buge of Person | at (<u>234</u>) <u>634 24</u> Area Code Daytime To | olephone 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) | | | |
| <u>Mailing Addra</u> Registration | | Street Address: Registration Section | on | | | |
| Division of | Corporations | Division of Corporations | | | | |
| P.O. Box 63 Tallahassee, | | The Centre of Tall 2415 N. Monroe S | | | | |
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| _ Kevive Findustri | ies, LLC | | |
|---|---|--|-------------|
| (<u>Name of the Limited Liabil</u> (A Florid | lity Company as it now appears la Limited Liability Company) | s on our records.) | |
| The Articles of Organization for this Limited Liability (Florida document number | Company were filed on | 5/3/23 and ass | igned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lin | nited liability company he | ere: | |
| The new name must be distinguishable and contain the words "Lir | nited Liability Company," the de | esignation "LLC" or the abbreviation "L. | L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | RESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our re | ecords, <u>enter the name of the nev</u> | v registere |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Flori | ida 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 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 | |
|--------------|-----------------|---|----------------|--|
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| ord spec filed. | ifies a delaye | d effective dat | e, but not a | m effective | time, at 12: | 01 a.m. on the | e earlier of: (| o) The 90th | n day after the |
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