

**L24000281194**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : TIER ONE LICENSES LLC  
Account Number : I20230000120  
Phone : (321)989-7356  
Fax Number : (321)341-8522

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

chad@revelhomeservice.com

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
REVEL HOME SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

RECEIVED  
2024 AUG -6 PM 9:26  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

2024 AUG -6 PM 1:25  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

A. JUNT  
08/06/24

## COVER LETTER

((1124000262901 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: Revel Home Services, 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:

Chad Rogers

Name of Person

Revel Home Service, LLC

Firm/Company

6060 SABAL CREEK BLVD

Address

PORT ORANGE, FL 32128

City/State and Zip Code

chad@revelroofing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Adams

321

989-7356

at ( )

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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

((H124000262901 3))

Revel Home Services, 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 06/20/2024 and assigned  
Florida document number 124000281194.

This amendment is submitted to amend the following:

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

Revel Home Service, LLC

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)

255 S. Orange Avenue Suite 104 #1064

Orlando FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

255 S. Orange Avenue Suite 104 #1064

Orlando FL 32801

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:

Chad C. Rogers

New Registered Office Address:

255 S. Orange Avenue Suite 104 #1064

*Enter Florida street address*

Orlando

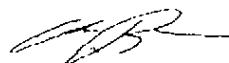
Florida 32801

*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

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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

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Chad C. Rogers	255 S. Orange Avenue	<input type="checkbox"/> Add
		Suite 104 #1064	<input type="checkbox"/> Remove
		Orlando FL 32801	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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STATE OF FLORIDA  
COUNTY OF SUCCESSION, FL  
JUL 11 2024  
11:38 AM

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