

11/9/2018

Division of Corporations

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REVOLUTION CAPITAL GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

T. CLINE

NOV 16 2018

EXAMINER

PLEASE HONOR ORIGINAL SUBMISSION DATE OF 11/9/2018

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of

State: Revolution Capital Group LLC

Enter new principal office address, if applicable:

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: ML6090064823

3. Jurisdiction of its organization: California

4. Date authorized to do business in Florida: 05/14/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company:

(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "L.L.C.")

6. 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:

New Registered Office Address:

Enter Florida 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Removing Cyrus Nikou and Stanley Huang

Title/Capacity	Name	Address	Type of Action
FP	Cyrus Nikou	3750 S. LAS VEGAS BLVD #2302 S	☐ Add
		LAS VEGAS BLVD NV 89109	☒ Remove
CFO	Stanley Huang	1285 SHIRWOOD RD	☐ Add
		AN MARINO CA 91108	☒ Remove
Managing Director	Aman Bhat	1285 S Spalding Drive Unit 4	☒ Add
		Beverly Hills CA 90212	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

9. Attached is a certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative:

Aman Bhat

Typed or printed name of signer

Filing Fee: \$25.00

2018 NOV -9 AM 9:05