M23000005534

(Requestor's Name)
(Address)
(Address)
(
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(5)
(Document Number)
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COVER LETTER

TO: Registration : Division of Co	Section " orporations" -		•
CUBICARE	JED, LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
		Name of Person	·
	CORPORATION SERVI	CE COMPANY	2 0
		Firm/Company	023 (
	1201 HAYS STREET		DCT SE
		Address	7
	TALLAHASSEE, FL 323	01-2525	PM
		City/State and Zip Code	2023 OCT 11 PM 2: 35
	E-mail address:	to be used for future annual report notif	
For further information	concerning this matter, please of	rall:	
Nome	of Person	at () Area Code Daytime	Telephone Number
Nanc	or reison	Area Code Daytime	reconone 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 Addr	ess:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

REVENUED, LLC		
(Name of the Limited L	ability Company as it now appears on our records.) orda Limited Liability Company)	
The Articles of Organization for this Limited Liability	ty Company were filed on 04/27/2023	and assigned
Florida document number M23000005534		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Revenued LLC		
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	SE IVIS
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	ST.
		3 AA 3 OO
		OI 😤
B. If amending the registered agent and/or registe		e name of the new registere
agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
·-	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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Add
			SECRETAR DIVASION OB EMBORE OF THE ZOES OCT HAND
			ILED STATE ACCORPORATIONS
			☐Change
			□Add
			□Remove
			☐ Change
			□Add
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			Change

			
			
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			SECR DIVISION 2023 OCT
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	t be specific and cannot be prior ock does not meet the applic	to date of filing or more than 90 da able statutory filing requiremen	(optional) ys after filing.) Pursuant to 605.0207 (3 nts. this date will not be listed as the
ne record specifies a delayed effective ord is filed.	e date, but not an effective ti	me, at 12:01 a.m. on the earlier	r of: (b) The 90th day after the
Dated October 5	2023		
	·	Peno	
		11114	

Filing Fee: \$25.00

Typed or printed name of signee