## N210000000737

| (Re                     | equestor's Name)   |              |
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| (Ac                     | idress)            | <del>.</del> |
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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** REVISE230, INC NAME OF CORPORATION: N21000000737 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rachel Rodriguez (Name of Contact Person) Revise230, Inc. (Firm/ Company) 515 N. Flagler Dr., Ste P300 (Address) West Palm Beach, FL 33401 (City/ State and Zip Code) rlt@toikkalawgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rachel Rodriguez 561 5315228 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations

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

## Articles of Amendment to Articles of Incorporation of

REVISE230, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N21000000737 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: \_, Florida \_ (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing φ,

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President: V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example:  X Change X Remove X Add   | PT         John D           V         Mike J           SV         Sally S | ones                                      |  |
|---|---|---|--|
| Type of Action<br>(Check One)   | <u>Tîtle</u>  | <u>Name</u>                               | <u>Addres</u> s                                    |
| 1)Change<br>Add   | D, VP   | LINA M MAINI                              | PO Box 518, Glen Cove, NY 11542                    |
| x Remove  |   |   |  |
| 2) Change Add   | <u>S</u>  | YULIYA YUKHNEVICH                         | 246 Stuart St, Brooklyn, NY 11229                  |
| X   Remove  | <u>D, T</u>   | RICHARD S TOIKKA                          | 1101 30th St. NW, Ste 500,<br>Washington, DC 20007 |
| 4) Change X Add   | <u>D</u>  | CHARLES BROOKS                            | 16 S. Manchester St.<br>Arlington, VA 22204        |
| Remove  5) Change   | <u>S</u>  | DIANA DE LA ROSA                          | PO Box 54274<br>Greenaeres, FL 33454               |
| 6) Change Add   | <del></del>   |   |  |
| Remove  E. If amending or additional sheel (attach additional sheel)  N/A |   | cles, enter change(s) here: (Be specific) |  |
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| The date of each amendment(s date this document was signed.         | s) adoption: _          | New Director as                      | nd Secretary vo         | oted in on Ma                         | y 5, 2021     | <del></del>     | _, if other than the |
| Effective date if applicable:                                       | Immediately             |                                      |                         |                                       |               |                 |                      |
| таррисане.  | (no                     | more than 90 a                       | lays after amer         | idment file da                        | te)           |                 | *                    |
| Note: If the date inserted in this document's effective date on the | block does n Department | ot meet the app<br>of State's recore | licable statutor<br>ds. | y filing requir                       | rements, this | date will not b | e listed as the      |
| Adoption of Amendment(s)  | (0                      | HECK ONE)                            |                         |                                       |               |                 |                      |
| The amendment(s) was/wer was/were sufficient for app                | re adopted by<br>roval. | the members ar                       | nd the number           | of votes cast f                       | for the amend | lment(s)        |                      |

| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| adopted by the board of directors.   |  |  |  |  |  |  |
| Dated May 18, 2021   |  |  |  |  |  |  |
| Signature  |  |  |  |  |  |  |
| (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |  |  |  |  |  |  |
| Rachel Rodriguez   |  |  |  |  |  |  |
| (Typed or printed name of person signing)  |  |  |  |  |  |  |
| President, Director  |  |  |  |  |  |  |
| (Title of person signing)  |  |  |  |  |  |  |

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