

L2 19000353821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

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(Business Entity Name)

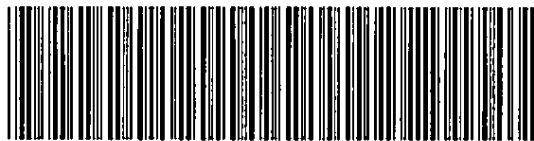
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R. HUNT

2/11/24

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155 Office Plaza Dr Ste A Tallahassee FL 32301  
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DATE: 3/11/24

NAME: REVOLENT CAPITAL SOLUTIONS FUND FIVE, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

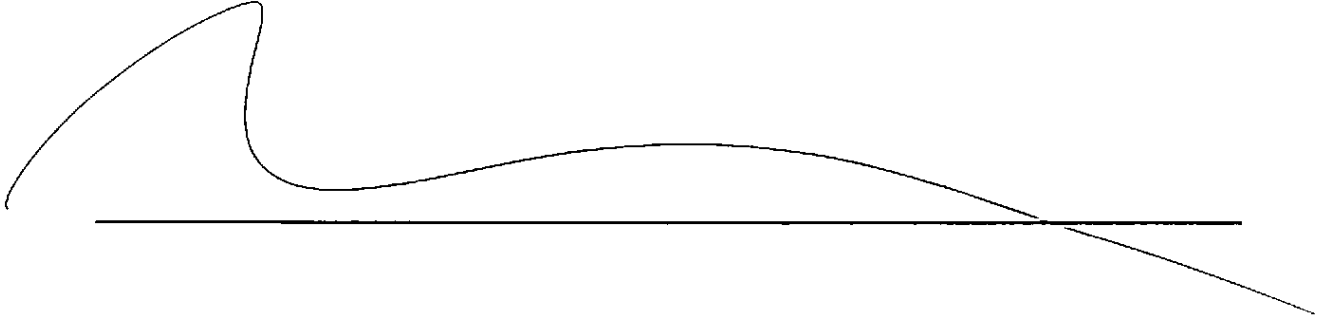
RETURN: PLAIN COPY

77 APR 11 AM 9:30  
OFFICE OF STATE  
TALLAHASSEE, FL  
320

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REVOLENT CAPITAL SOLUTIONS FUND FIVE, 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:

Denise Annunciata  
Name of Person

Velawcity  
Firm/Company

29 Kathryn Drive  
Address

Ashland, MA 01721  
City/State and Zip Code

denise@velawcityinc.com  
E-mail address: (to be used for future annual report notification)

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 MAY 06 STATE  
 TALLHASSEE, FL  
 APR 11 AM 9:30

For further information concerning this matter, please call:

Denise Annunciata at ( 508 ) 277-1966  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

REVOLENT CAPITAL SOLUTIONS FUND FIVE, 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 November 17, 2020 and assigned Florida document number L20000353821.

This amendment is submitted to amend the following:

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

no change

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:

no change

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

RECORDED  
NOV 11 AM 9:30  
TAMPA COUNTY STATE  
COMMISSIONER, FL

**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:

no change

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

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>	<u>Type of Action</u>
MGR	Josh Kuder	Josh Kuder	<input checked="" type="checkbox"/> Add
		217 N. Howard Avenue, Ste. 200	<input type="checkbox"/> Remove
		Tampa, FL 33606	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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7/24/2011 AM 9:30  
STATE OF MISSISSIPPI

