L23000084941

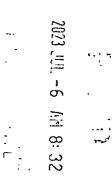
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
(Social States)
Certified Copies Certificates of Status
Certified copies Certificates of States
Special Instructions to Filing Officer:





600411662286

07/08/23--01017--018 **25.00



Ch 8/12/2012

	•	. %	COVER LETTER			
	egistration Se ivision of Cor	ction		,		
, SHR IECT		8th CT, LLC				
SUBJECT	•	Name of Lim	ited Liability Company	 		
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	rn all correspo	ndence concerning this matter	to the following:			
		Scott Iovine				
			Name of Person			
Iovine Management Group, LLC						
			Firm/Company			
		POB 431775				
			Address			
		Miami, FL 33243				
		City/State and Zip Code				
		send2iovine@gmail.com				
For further	information co	e-mail address: (oncerning this matter, please of	to be used for future annual report not all:	itication)		
Scott lovin	ie		305 497-0451			
	Name of	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is	s a check for th	e 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

2023 JUL -6 AH 8: 32

2700 SW 28 CT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

			3. L
he Articles of Organization for this Limited		on 2/16/2023	and assigned
orida document number L23000084941	 •		
his amendment is submitted to amend the fol	llowing:		
. If amending name, enter the new name	of the limited liability comp	any here:	
NA			
he 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 appli	cable: NA		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:	NA	· · · · · · · · · · · · · · · · · · ·	
Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addr		our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:	NA		······································
New Registered Office Address:	NA		
-	En	ster Florida street address	
		, Flo	rida
	City		Zin 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 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
MGR	REVCON EXCHANGES LLC	2601 SO. BAYSHORE DRIVE, SUITE 1801	□Add
		MIAMI, FL	■Remove
MGR	lovine Management Group, LLC	POB 431775	≣Add
		Miami, FL 33243	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			[] Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
fan e Note:	tive date, if other than the date of filing:
d is f	
Dated	SUNDaine
	//////////////////////////////////////
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00