

L 21 000 123805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

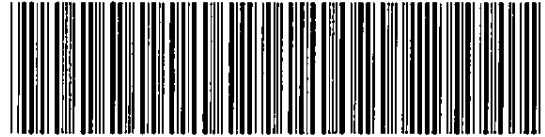
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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4/25/2025

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IMMORENT & DEVELOPMENT 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:

STEPHANE FILIPPI

Name of Person

IMMORENT & DEVELOPMENT LLC

Firm/Company

9526 ARGYLE FOREST BLVD , SUITE B1-501

Address

JACKSONVILLE, FL 32222

City/State and Zip Code

Stephane@immorent-invest.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephane Filippi

786 461-89-04

at ()

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**

IMMORENT & DEVELOPMENT 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 03/16/2021 and assigned
Florida document number L21000123805.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

9526 ARGYLE FOREST BLVD, SUITE B2-501

JACKSONVILLE, FL 32222

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9526 ARGYLE FOREST BLVD, SUITE B2-501

JACKSONVILLE, FL 32222

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:

DINNALL FYNE & COMPANY INC

New Registered Office Address:

1515 N. UNIVERSITY DRIVE, SUITE 114

Enter Florida street address

CORAL SPRINGS, FL

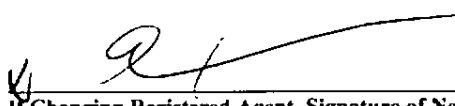
, Florida 33071

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

A diagram illustrating the intersection of two parallel lines by a transversal line. The transversal is labeled "transversal" and the two parallel lines are labeled "parallel lines".

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00