23000186293

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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2023

FLORIDA CAPITAL COURIER SERVICES, INC		
2330 CLARE DRIVE		
TALLAHASSEE, FL 32309		
(850) 524–5437		
(850) 524–6243		
Please use funds from this ac	count: I20210000160: \$25.00	
Authorization Signature:	Jan-Full-	
REVERIE INVESTMENT LLC	⁽⁾ L23000186293	
BUSINESS NAME	DOCUMENT #	
Certificate of Status NEW FILINGS	<u>AMMENDMENTS</u>	
	<u>AMMENDMENTS</u>	
	X_Amendment	
NEW FILINGS Profit Corp Not for Profit	X Amendment Resignation of R.A. Officer/Di	
NEW FILINGS Profit Corp	X_Amendment	
Profit Corp Not for Profit Limited Liability Domestication Other	X_Amendment Resignation of R.A. Officer/DiChange of Registered AgentRevocation of DissolutionMerger	
NEW FILINGS Profit Corp Not for Profit Limited Liability Domestication Other CORP	X Amendment Resignation of R.A. Officer/Di Change of Registered Agent Revocation of Dissolution Merger Articles of Conversion	
Profit Corp Not for Profit Limited Liability Domestication Other	X Amendment Resignation of R.A. Officer/Di Change of Registered Agent Revocation of Dissolution Merger Articles of Conversion	
NEW FILINGS Profit Corp Not for Profit Limited Liability Domestication Other CORP	X_Amendment Resignation of R.A. Officer/DiChange of Registered AgentRevocation of DissolutionMergerArticles of ConversionAmended and restated ArticlesStatement of Authority	
NEW FILINGS Profit Corp Not for Profit Limited Liability Domestication Other CORP LLLP	X_Amendment Resignation of R.A. Officer/Diagration of Registered AgentRevocation of DissolutionMergerArticles of ConversionAmended and restated ArticlesStatement of Authority REGISTERATION/QUALIFICATIONForeign filing	
Profit Corp Not for Profit Limited Liability Domestication Other CORP LLLP OTHER FILINGS		
NEW FILINGS Profit CorpNot for ProfitLimited LiabilityDomesticationOtherCORPLLLP OTHER FILINGSAnnual Report	X_Amendment Resignation of R.A. Officer/DiChange of Registered AgentRevocation of DissolutionMergerArticles of ConversionAmended and restated ArticlesStatement of Authority REGISTERATION/QUALIFICATIONForeign filingLimited Partnership	

COVER LETTER

TO:	Registration Se Division of Cor			
		INVESTMENT LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		PETER OLSTEIN		
		REVERIE INVESTMENT	Name of Person LLC	
			Firm/Company	
		5911 SW 39TH AVENUE		
		FORT LAUDERDALE, FI	Address	
		PETEROLSTEIN@GMAII		
		E-mail address: (to be used for future annual report r	otification)
	rther information c R OLSTEIN	oncerning this matter, please c	954 687-5252	
	Name o	f Person	at () Area Code Day	time Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	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 Addres	<u>is:</u>	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

REVERIE INVESTMENT LLC	ZOZBRAY 10 AM ICE (
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number 1.23000186293	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
he new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	·
3. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new regist
gent and/or the new registered office address here.	
Name of New Registered Agent:	
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 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>	Address	Type of Action
AMBR	GASTON GAD ELBAZ	901 NE 2ND STREET, APT W, HALLANDALE BEACH, FL 33009	
			Add
			□Remove
			Change
AMBR	MENG FEI SONG	3533 GLENBURN CT, NEW PORT RICHEY, FL 34655	= Add
			□Remove
			□Change
AMBR	ABYA HOLDING LLC	5911 SW 39TH AVENUE, FORT LAUDERDALE, FL 33312	
			= Remove
			□Change
AMBR	REVERIE LAND HOLDING LLC	3533 GLENBURN CT, NEW PORT RICHEY, FL 34665	□Add
			=Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

*********	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
fan effect <u>Note:</u> If	e date, if other than the date of filing:
e record s d is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	<u>5-11</u> . <u>2023</u> .
	J.S.
	Signature of a member or authorized representative of a member
	GASTON GAD ELBA? Typed or printed name of signee