## 23000247865

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

Office Use Only



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RECEIVED

FLORIDA CAPITAL COURIER SERVICES,	INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	*
. (850) 524-5437	
(850) 524-6243	
Diagona the from this account 120210000	160 . \$25.00
Please use funds from this account: I20210000 <u>Authorization Signature</u>	100. <u>\$25.00</u>
	3000247865
BUSINESS	DOC#
D03114233	00011
Certified Copy of Articles	
Certificate of Status	
NEW EILINGS	AMENDM <u>ENTS</u>
NEW FILINGS	AMENDMENTS
Profit Corp	X_Amendment
Not for Profit	Resignation of R.A. or member
Officer/Director	Oissolution
Limited Liability	Change of Registered Agent
Domestication	Revocation of Dissolution
Other	Merger
CORP	Conversion
LLLP	Amended and restated Articles
	Statement of Authority
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OTHER FILINGS	TERATION/QUALIFICATIONS
Trademark	TERATION/QUALIFICATIONS
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	Reinstatement
	<del></del>
APOSTILLE	Other
Country	

EXAMINIER'S INITIALS:\_\_\_\_\_

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Div	ision of Cor	porations		
OUR INOR	Revere Rea	lty, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Steven H Coderre		
			Name of Person	
		Revere Realty, LLC		
			Firm/Company	<del></del>
		2043 Timber Ln		
		<del></del>	Address	
		Clearwater, FL 33763		
			City/State and Zip Code	
		stevecoderre@gmail.com		
		E-mail address: (	to be used for future annual report r	otification)
For further is	nformation c	oncerning this matter, please co	all:	
Steven H Coderre			727 409-2196	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a	a check for th	ne following amount:		
≌ \$25,00 E	Filing Fec	☐ \$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)
	iling Addres		Street Address:	
	gistration S	Section Corporations	Registration : Division of C	
	D. Box 632	•	The Centre o	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TLED

2023 J. H-6 PH 3: 17

Revere Realty, LLC			NET OW OF CTATE	
(Name of the Limited (A	Liability Compa Florida Limited	ny as it now appears of Liability Company)	our records.) 1.11 1 SSEE. FL	
The Articles of Organization for this Limited Liab Florida document number 1.23000247865	oility Company	were filed on 05/19/	2023 and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1416 Highfield Dr		
		Clearwater, FL 33764		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>0x)</u>			
B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:		address on our reco	rds, enter the name of the new registered	
New Registered Office Address:	1416 Highfield	l Dr		
		Enter Florida street address		
	Clearwater		, Florida <sup>33764</sup>	
		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
MGR	Steven H Coderre	1416 Highfield Dr	
		Clearwater, FL 33764	□Remove
			☐Change
MGR	Bryce Gephart	25 52nd St S	□Add
		St Petersburg. FL 3707	≣Remove
			Change
			□Add
			⊡Remove
			□Change
			□Add
		· · <del></del>	□Remove
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f an effective da Note: If the d	e, if other than ( ate is listed, the date late inserted in this fective date on the	must be specific s block does no	and cannot be pri of meet the app	ior to date of filir licable statutor		) days after filii	ig.) Pursuant to	
e record specif rd is filed.	fies a delayed effe	etive date, but	not an effective	time, at 12:01	a.m. on the ea	lier of: (b)	The 90th day a	fter the
Dated				1/1	,			
			///	//				
_		Signature o	f a member or to	thorized represe	ntative of a mem	per		

Filing Fee: \$25.00