

# L23000528065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300424679253

FILED

2024 FEB 27 AM 10:38

SECOND JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

RECEIVED

2024 FEB 27 PM 2:09

TALLAHASSEE, FLORIDA

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 02/27/2024**

**NAME: 1080 SHORECREST LLC**

**TYPE OF FILING: AMENDMENT**


**COST: 30.00**

**RETURN: PLAIN COPY AND GOOD STANDING PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



---

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1080 Shorecrest 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:

MARCOS LAVEZZARI

\_\_\_\_\_  
Name of Person

1080 Shorecrest LLC

\_\_\_\_\_  
Firm/Company

1815 Biscayne

\_\_\_\_\_  
Address

MIAMI, FL 33137

\_\_\_\_\_  
City/State and Zip Code

Marcos11@gmail.com

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

For further information concerning this matter, please call:

Marcos Lavezzari

551 552-4749  
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**

**FILED**

1080 Shorecrest LLC

**2024 FEB 27 AM 10: 38**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/27/2023 and assigned  
Florida document number L23000528065.

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:**

1700 Biscayne

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

Miami FL 33137

**Enter new mailing address, if applicable:**

1700 Biscayne

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

Miami FL 33137

**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:

MARCOS LAVEZZARI

New Registered Office Address:

1700 Biscayne

*Enter Florida street address*

Miami

*City*

Florida 33137

*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>
AMBR	Marcos Lavezzari	5700 Biscayne	<input checked="" type="checkbox"/> Add
		Miami, FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIA ORELLANA	5700 Biscayne	<input type="checkbox"/> Add
		Miami, FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 FEB 27 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2024 FEB 27 AM 10:38  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

(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.

Dated February 26, 2024

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**