

L23000530271

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SECRETARY OF STATE
TALLAHASSEE, FL

2023 DEC 21 AM 8:18

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAVENNA EQUITY HOLDINGS, 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:

STEVEN G RAVENNA

Name of Person

RAVENNA EQUITY HOLDINGS, LLC

Firm/Company

1201 GREENWOOD AVE N

Address

ST PETERSBURG, FL 33704

City/State and Zip Code

steveravenna@gmail.com

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

For further information concerning this matter, please call:

STEVEN G RAVENNA

727 422-6018
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FL

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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 | RAVENNA, JOAN F. | 1201 GREENWOOD AVE N | <input type="checkbox"/> Add |
| | | ST PETERSBURG, FL 33704 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | TRUST (Sec title under address) | RAVENNA, JOAN F. REVOCABLE TRUST | <input checked="" type="checkbox"/> Add |
| | | UA DATED FEB 23 2010 | <input type="checkbox"/> Remove |
| | | 1141 24TH AVE N | <input type="checkbox"/> Change |
| | | ST PETERSBURG, FL 33704 | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Amendment filed to correct physical address to 1141 24TH AV E N. St. PETE.

And filed to identify ownership by her Trust, rather than owned personally.

Updated information will be also used to update banking records upon receipt of the amended changes.

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TALLAHASSEE, FL
P. 605,0207 (3)(b)

E. Effective date, if other than the date of filing: _____ (optional)

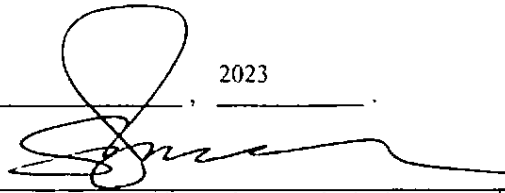
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 December 18

2023



Signature of a member or authorized representative of a member

STEVEN G. RAVENNA

Typed or printed name of signee