

10/16/24, 5:19 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L23000559022

Please print this page and use it as a cover sheet. Type the far audit number (shown below) on the top and bottom of all pages of the document.

(((H24000346778 3)))



H240003467783ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : E & F LATIN GROUP LLC
Account Number : I20160000049
Phone : (954)384-8565
Fax Number : (954)385-5175

RECEIVED

2024 OCT 17 AM 8:30

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT 17 PM 1:12

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: support@eflatinaccounting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE IVY 2801 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

M. SOLOMON
OCT 17 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE IVY 2801 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:

DIEGO FIGUEROA
Name of Person
E&F LATIN GROUP LLC
Firm/Company
1820 N CORPORATE LAKE BLVD SUITE 109
Address
WESTON, FL 33326
City/State and Zip Code
DIEGO@EFLATINACCOUNTING.COM
E-mail address: (to be used for future annual report notification)

FILED
2024 OCT 17 PM 1:12
SECTION OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

DIEGO FIGUEROA 954 384 8565
Name of Person at () 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

THE IVY 2801 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 12/20/2023 and assigned
Florida document number L23000559022.

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)

9300 FONTAINEBLEAU BLVD, APT 103

MIAMI FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9300 FONTAINEBLEAU BLVD, APT 103

MIAMI FL 33172

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:

E&F LATIN GROUP LLC

New Registered Office Address:

1820 N CORPORATE LAKE BLVD SUITE 109

Enter Florida street address

WESTON


City

Florida 33326

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>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2024 OCT 17 PM 1:12
FEDERAL RESERVE BANK
OF ST. LOUIS
MISSOURI

FIN 99-0408519

FILED
2024 OCT 17 PM 1:12
SEC. OF STATE
TALLAHASSEE, FL.

Filing Fee: \$25.00