

L24 0000 15469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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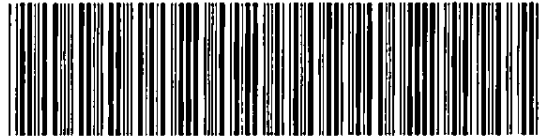
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Credence Capital Real Estate Investments LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Jovanie ST Vil

Name of Person

Credence Capital Real Estate Investments

Entity Name

11582 SW Village Parkway #1088

Address

Port Saint Lucie, FL 34987

City, State, and Zip Code

Joegs1312@gmail.com

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

For further information concerning this matter, please call:

Jovanie ST VIL

Name of Filer

at (561)

Area Code

561-329-9843

Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$50.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy

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

2021 FEB 23 AM 10:12
STATE
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(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 01/05/2024 and assigned Florida document number L24000015488.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

City

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 by a person other than the registered agent, the registered agent 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

Title	Name	Address	Type of Action
MGR	Jovanie Stvil	11582 SW Village Pkwy #108 #1088	☒ Add ☐ Remove ☐ Change
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DATE FILED

2024 FEB 20

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.

Dated 2/20/24

Jovanic ST VIL

Filing Fee: \$25.00

2024

2024 FEB 23 PM 11:02

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.

Dated 2/20/24

Typed or printed name of signee

Filing Fee: \$25.00