L24000083434

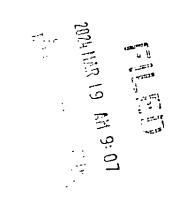
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COVER LETTER

	egistration Se ivision of Cor			•
end heep				
SUBJECT	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		ILYA EPSHTEYN		
			Name of Person	
		REVAMPEX, INC.		
		6039 COLLINS AVE APT	1608	
	Name of Person REVAMPEX, INC. Firm/Company 6039 COLLINS AVE APT 1608 Address MIAMI BEACH, FL 33140 City/State and Zip Code IEPSHTEYN@REVAMPEX.COM E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: EPSHTEYN at (Area Code Daytime Telephone Number ed is a check for the following amount: 5.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy			
		MIAMI BEACH, FL 3314	0	
			•	
		-		fication)
For further	information c			,
ILYA EPS	SHTEYN		786 266-7465	
	Name o	f Person	Area Code Daytin	e Telephone Number
Enclosed is	s a check for th	ne following amount:		
☐ \$25.00	Filing Fee		Certified Copy	Certificate of Status &
	lailing Addres		Street Address: Registration Se	ction
	_	Corporations	Division of Cor	rporations
	O D (22)	. 7	m c	r. 11 1

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IEJS ACQUISITIONS, LLC.		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
he Articles of Organization for this Limited Liability (lorida document number L24000083434	Company were filed on FEBRUARY 16, 2024	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the lim	nited liability company here:	
EJS HOMES, LLC.		
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADD	RESS)	
		3
nter new mailing address, if applicable:		10
Mailing address MAY BE A POST OFFICE BOX)		्र-ला प्र
		0
. If amending the registered agent and/or registere	ed office address on our records, enter the n	ame of the new register
ent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:		-
New Registered Office Address:		
Non Registered Office Address.	Enter Florida street address	
	, Florida	
	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 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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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If an effective	date is listed, the	date must be spec	cific and cannot be	prior to date of filin	g or more than 90	(optional) days after filing.) Pursents, this date will	uant to 605.0207 (
			ent of State's rec		, ming requirem	ients, mis dute win	not be fisted as
ne record The 90th	specifies a c h day after t	delayed effec the record is	ctive date, bu filed.	t not an effect	tive time, at	12:01 a.m. on t	he earlier of
MAF Dated	RCH II	1	2024				

Filing Fee: \$25.00

Typed or printed name of signce