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COVER LETTER

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	Iren In Action LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	united for filing.	
Piease return ali correspo	ondence concerning this matter	to the following:	
	Kalia Nurse		
	- -	Name of Person	
	-	Firm/Company	
	3239 NW 203rd Lane		
		Accress	· · · · · · · · · · · · · · · · · · ·
	Miami Gardens, FL 33056		
	kahanursereahor@gmail.co	City/State and Ziu Code	
		to be used for future annual report not	ification}
For further information co	oncerning this matter, please c	all.	
Kalia Nurse		736 873 3940	
Name of	f Person		ne Telephone Number
Enclosed is a check for th	ne following amount:		
Cl \$25.00 Filling Fee	■ \$30.00 Filing Fee & Certificate of Status	E \$55.00 Filing Fee & Certified Copy faddlitonal copy is enclosed)	☐ \$60.00 Piling Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COUR	

Registration Section Civision of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Registration Section Division of Corporations Chiton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION

2019 SEP

Cod's Children In Action LLC

(Name of the Limited Liability Company as it now access on our program)
(A Fiorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/05/2016}{1}$ and assigne Florida document number L16000185420 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) 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 1 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida __ 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 v provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ai accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this documer 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

or removed	<u>îrom our records</u> :		-
MGR = M AMBR = A	anager uthorized Member		
<u>Titie</u>	Name	Address	Type of Ac
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ect	ive date, if other than the date of filing:(optional) [Sective 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 60
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