

L14000 225 653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

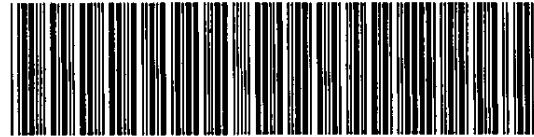
(Business Entity Name)

(Document Number)

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FILED  
17 JAN -5 PM 4:00

JAN 05 2017  
J. HARRIS

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

TRZECI ETAP LLC

**SUBJECT:** \_\_\_\_\_  
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:

BYRON RIVADENEIRA  
\_\_\_\_\_  
Name of Person

IRA FINANCIAL GROUP  
\_\_\_\_\_  
Firm/Company

1688 MERIDIAN AVENUE, SUITE 504  
\_\_\_\_\_  
Address

MIAMI BEACH, FL 33139  
\_\_\_\_\_  
City/State and Zip Code

LLC@IRAFINANCIALGROUP.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BYRON RIVADENEIRA	305	330-1525	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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 27, 2016

BYRON RIVADENEIRA  
IRA FINANCIAL GROUP  
1688 MERIDIAN AVENUR, SUITE 504  
MIAMI BEACH, FL 33139

SUBJECT: TRZECI ETAP LLC  
Ref. Number: L16000225653

RECEIVED  
2017 JAN -5 PM 1:49  
STATE TARIFF OF FLORIDA  
TALLAHASSEE, FLORIDA

We have received your document for TRZECI ETAP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate if you are adding, removing or changing MGR Piotr A Walio

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 216A00027419

FILED  
2017 JAN -5 PM 4:00  
TALLAHASSEE, FLORIDA

**TO  
ARTICLES OF ORGANIZATION  
OF**

TRZECI ETAP 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 DECEMBER 13, 2016 and assigned Florida document number L16000225653.

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)

17 JAN -5 PM 4:31  
FILED  
TALLAHASSEE, FL  
STATE SECRETARY OF REVENUE

**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: \_\_\_\_\_

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PIOTR A. WALIO	7800 ShoreFront Parkway Apt. 11N	<input type="checkbox"/> Add
		Rockaway, NY 11693	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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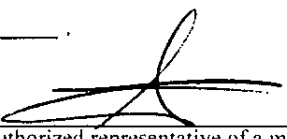
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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.) Pursuant to 605.0207 (3)(b)

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 20, 2016



Signature of a member or authorized representative of a member

ADAM BERGMAN

Typed or printed name of signee

17 JAN -5 PM 4:01

FILED