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	gistration Sec vision of Corp				
SUBJECT:	IAD FLORII	DA, LLC			
,		Name of Lir	nited Liability Company		
The enclosed	d Articles of A	amendment and fec(s) are sul	bmitted for filing.		
Please return	ı all correspon	dence concerning this matter	r to the following:		
		BRADLEY B. EAVENSO	ON ESQ.		
			Name of Person		
		EAVENSON, FRASER &	LUNSFORD PLLC		
			Firm/Company		
		1061 EAST INDIANTOW	/N ROAD, SUITE 318		
		-	Address		
		JUPITER FL 33477			
			City/State and Zip Code		
		BRAD@EFLI.LAW			
For further in	nformation cor	e-mail address: (to be used for future annual r	eport notification)	
BRADLEY	EAVENSON		561 3074 at()	4001	
	Name of I	Person	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
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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

DocuSign Envelope ID: 449036A7-D6EF-46E3-8AA7-84DFD1C10AFB ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2025 MAY 20 PA 1: US

IAD FLORIDA 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 Liab	hility Company w	ere filed on 01/19/2	023	and assigned
Florida document number L23000020737		ere med on		_ and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited liabilit	y company here:		
The new name must be distinguishable and contain the work	ds "Limited Liability	Company," the design	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicab	ole:		-	
(Principal office address MUST BE A STREET.	ADDRESS)			
	_			
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BO	<i>0X</i>)			
				
B. If amending the registered agent and/or regi	ristored office ada	least on our room	do onto the name of	F4b
agent and/or the new registered office address l	hstered office aut <u>here</u> :	iress on our recor	us, enter the name of	the new registered
Name of New Registered Agent:				
New Registered Office Address:			-	
New Registered Office Address:		Enter Florida s	reet address	
	Marida.			
		City	, Florida	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe, being filed to merely reflect a change in the reg company has been notified in writing of this change in the regular company has been notified in writing of this change.	agent and agree and complete pe cred agent as pro gistered office ad	rformance of my ovided for in Chap	luties, and I am fami ter 605, F.S. Or, if th	iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

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II amending Authorized rerson(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
MGR	CHARLES C. PFLUEGER	1200 BRICKELL AVENUE, SUITE 1960 MIAMI, F	L ■Add
			□Remove
			_ Change
			□Add
			□ Remove
			_ Change
			_ □Add
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E. Effective date, if other than the (If an effective date is listed, the date in	he date of filing: _ nust be specific and can	not be prior to dat	of filing or more than	(optional) 90 days after filing.) Pursua	unt to 605,0207 (3)(1
Note: If the date inserted in this document's effective date on the	block does not meet	the applicable s	tatutory filing requir	ements, this date will no	t be listed as the
f the record specifies a delayed effecteord is filed.	tive date, but not an	effective time, a	t 12:01 a.m. on the e	arlier of: (b) The 90th	day after the
MAY 25	2	023			
Dates	,	DocuSiq	ned by:		
		Uéme	nt DELPIROU		

Typed or printed name of signee