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DATE:

08/11/2023

NAME: IAD FLORIDA LLC

TYPE OF FILING: AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE

PUHOR

COVER LETTER

TO: Registration : Division of Co					
	RIDA LLC				
SUBJECT:	Name of Lir	nited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matter	r to the following:			
	Sarah Hoffman				
		Name of Person			
	Eavenson, Fraser & Lunst	ford. PLLC			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company			
	4230 Pablo Professional C	Court. Suite 103			
	 	Address			
	Jacksonville, FL 32224				
		City/State and Zip Code			
	sarah@cfli.law				
For further information	E-mail address: concerning this matter, please c	to be used for future annual reportable:	ort notification)		
Sarah Hoffman		904 425-99			
Name	of Person	Area Code I	Daytime Telephone Number		
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed		
Mailing Addre Registration	Section	<u>Street Addre</u> Registratio			
Division of C	Corporations	Division of	f Corporations		
P.O. Box 63.			of Tallahassee		
Tallahassee,	rl 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 to removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> .	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ANTHONY GIGLIO	5073 SIGNAL HILL LANE	□Add
		CINCINNATI, OH 45244	■Remove
			□Change
MGR	Didier Siounath	14 Rue De Melun 77390	■ Add
		Ozouer Le Voulgis, France	□Remove
			□Change
			□ Add
			□Remove
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Effective da	ate, if other than the	e date of fili	ng:	· · · · · · · · · · · · · · · · · · ·	***	(opti	onal)	
<u>Note:</u> If the	date inserted in this b	block does not	meet the appl	licable statut	ting or more tory filing re-	nan 90 days afte quirements, thi	r filing.) Pursuan s date will not	t to 605.0207 be listed as t
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	rifies a delayed effecti	ve date but no	ot an effective	time at 12:	OI am on th	no ourlier of th	N The Outback	ne atène tha
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