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JUN 21 2011

EXAMINER



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06/20/11--01041--018 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: IPF US CONDO LLC 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:
Chistina VASQUEZ
CARDINAL DEVELOPMENT CORPORATION NY
646 Brichell Avenue St 200
MAMI A 33131 City/State and Zip Code
Chisting & Canding and Policy Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chisting VASQUEL at 305 536-1490 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$ (additional copy is enclosed) \$\ \text{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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

IPF US	Condo	LIC	,			
(<u>Name of the Limited L</u> (A F	iability Company : lorida Limited Liab	as it now appears on our	records.)			
The Articles of Organization for this Limited Liab Florida document number L110000 214	oility Company we	alia	12011	and assigned		
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liabilit	y company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company," the	designation "L	LC" or the abbreviat	tion	
Enter new principal offices address, if applical	ole:					
(Principal office address MUST BE A STREET	ADDRESS)		The .			
,	_				_	
Enter new mailing address, if applicable:	_		HASS	UN 20		
(Mailing address MAY BE A POST OFFICE BO	<u>ox)</u>	· · · · · · · · · · · · · · · · · · ·				
	_			2 0	_	
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:	CANDINAL:	Delopment co	<u>aposeti</u>	on hy	_	
New Registered Office Address:	848 Bric	Kell Avenue	da street addr	0 /	_	
	Miami	Linei Tiori		33131		
	YVITITUL	City	, Florida	Zip Code	_	
New Registered Agent's Signature, if changing Re-		•		-		

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 fluties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapte 608, 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 Ag

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
, _ _,			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
			<u> </u>
			
Dated	<u>6/15</u> , <u>2(</u>	Mideli	
		TRUNG ABOUT	

Page 2 of 2

Filing Fee: \$25.00