## L07000116683

(Requestor's Name)					
·					
(Address)					
(Address)					
(Address)					
·					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Certified Copies Certificates of Status					
•					
Special Instructions to Filing Officer:					
,					

Office Use Only



500215325985

J12/21/11--01015--004 \*\*25.00

IN DEC 21 PK IZ: 47
SEGRESSEET FLORID

B. BOSTICK
DEC 2 2 2011
EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co			·
SUBJI	ECT:	IHA I	Finance, LLC	
5050.			ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	, i
			Anthony Guccione  Name of Person	<del></del>
			Name of Feldon	
IHA Finance, LLC				
			Firm/Company	
	13361 Atlantic Boulevard			
			Address	
		.lar	ksonville, Florida 32225	Pr =
			City/State and Zip Code	DEC 2
		kristir	a@icehouseamerica.com	25
		E-mail address:	to be used for future annual report notification)	- G - 5
For fur	ther information	concerning this matter, please	call:	PINIZ: 4: STATE E. FLORI
	Anti	hony Guccione	at ( 904 ) 241-7535	
		of Person	Area Code & Daytime Telephone	
Enclose	ed is a check for	the following amount:		
\$25	.00 Filing Fee	☐\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section on of Corporations Box 6327	STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IHA Finance, LLC			
( <u>Name of the l</u>	Limited Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Lir	nited Liability Company were filed on	11/19/2007	and ass	igned
Florida document number L070	000116683			
This amendment is submitted to amend	the following:			
A. If amending name, enter the new r	name of the limited liability company he	ere:		
The new name must be distinguishable and "L.L.C."	end with the words "Limited Liability Comp	pany," the designation "I	LC" or the a	bbreviation
Enter new principal offices address, if	applicable:	:	<u> </u>	
(Principal office address MUST BE A	STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·		er metre ell
			35 K	100 100 100 100 100 100 100 100 100 100
			in. Me m	. <del>22</del>
Enter new mailing address, if applical	ble:			- 1 - 1
(Mailing address MAY BE A POST OF	FFICE BOX)			
		<u> </u>		<del> </del>
B. If amending the registered agen registered agent and/or the new regist	nt and/or registered office address on ered office address here:	our records, enter t	the name o	f the nev
Name of New Registered Ager	<u></u>			
New Registered Office Addres		nter Florida street add	lvass	
	, <b>L</b> i		1699	
	City	, Florida	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 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 Agent, Signature of New Registered Agent

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 = Managing Member

Title <u>Name</u> Address Type of Action MGR **Bob Alligood** 13361 Atlantic Boulevard **√** Remove Jacksonville, Florida 32225 Ρ **Bob Alligood** 13361 Atlantic Boulevard Jacksonville, Florida 32225 √ Remove MGR Pete Cotter 13361 Atlantic Boulevard ✓ Add Jacksonville, Florida 32225 Remove Brenda March MGR 13361 Atlantic Boulevard Jacksonville, Florida 32225 Remove  $\prod Add$ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 1 2011 Dated Signature of a member or authorized representative of a member Brenda March, MGR and CFO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00