

LO9000062515

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CLERK OF COURT
TALLAHASSEE, FLORIDA

DEC 04 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ILAN WAY, 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:

PABLO D. MENDEZ

Name of Person

ILAN WAY LLC

Firm/Company

13899 BISCAYNE BLVD PH9

Address

NORTH MIAMI BEACH, FL 33181

City/State and Zip Code

pablodmendez@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pablo D. Mendez at (305) 341-3440
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

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

ILAN WAY, 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 06/29/2009 and assigned
Florida document number L09000062515.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13899 BISCAYNE BLVD

PH9

NORTH MIAMI BEACH, FL 33181

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13899 BISCAYNE BLVD

PH9

NORTH MIAMI BEACH, FL 33181

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:

MIAMI ACCOUNTING & TAX SERVICES LLC

New Registered Office Address:

13899 BISCAYNE BLVD PH9

Enter Florida street address

NORTH MIAMI BEACH

City

Florida 33181

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

If amending Authorized Person(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>	<u>Address</u>	<u>Type of Action</u>
MGRM	MENDEZ, DIEGO I	13899 BISCAYNE BLVD PH9	<input type="checkbox"/> Add
		NORTH MIAMI BEACH	<input type="checkbox"/> Remove
		FL 33181	<input checked="" type="checkbox"/> Change
MGRM	MENDEZ, PABLO D	13899 BISCAYNE BLVD PH9	<input type="checkbox"/> Add
		NORTH MIAMI BEACH	<input type="checkbox"/> Remove
		FL 33181	<input checked="" type="checkbox"/> Change
MGRM	HERMS DE MENDEZ, MARIA	13899 BISCAYNE BLVD PH9	<input type="checkbox"/> Add
		NORTH MIAMI BEACH	<input type="checkbox"/> Remove
		FL 33181	<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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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SUBMITTED TO
 PALM BEACH COUNTY
 FLORIDA

[illegible]

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 NOVEMBER 30th, 2015

Wendy
Signature of a member or authorized representative of a member

PABLO DARIO MENDEZ
Typed or printed name of signer

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SECURITY DIVISION
MALAYSIA SESP FLORIDA

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