## LD200008703

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

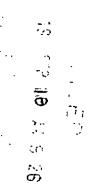
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

IEA Cady LLC						
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			_]	Art of Inc. File		
	· · ·			LTD Partnership File	<del></del>	
				Foreign Corp. File	_	
				L.C. File		
				Fictitious Name File		
				Trade/Service Mark		
				Merger File		
			<b> </b>	Art, of Amend, File	19	
				RA Resignation	SEP	
				Dissolution / Withdrawal		
				Annual Report / Reinstatement	<del>-</del> ·	
				Cert. Copy	FG.	• .
			<b> </b>	Photo Copy	03	•
				Certificate of Good Standing		
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				Corp Record Search		
				Officer Search		
				Fictitious Search		
Signature	<u> </u>		·	Fictitious Owner Search		
org.nature				Vehicle Search		
		<del></del> <b></b>	-	Driving Record		
Requested by: SETH	00/17/10		ļ <u></u>	UCC 1 or 3 File		
Name	$\frac{09/17/19}{Dota}$	Time		UCC 11 Search		
HATHIC	Date	THUC		UCC 11 Retrieval	_	
Walk-In	Will Pick Up			Courier		

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

nny as it now appears on our records.) Liability Company)	,
were filed on 4-11-2002	and assigned
	<u>k</u>
ollity company here:	
lity Company," the designation "LLC" (	or the abbreviationalL.G."
3065 S. JONES BLVD.	
LAS VEGAS, NV 89146	¹ . ঞ
<u></u>	228
3065 S. JONES BLVD.	
LAS VEGAS, NV 89146	
	<del></del>
ffice address on our records,	enter the name of the n
Enter Florida street address	
, Flor	ida
City	Zip Code
, Flor	ida Zip Code
	3065 S. JONES BLVD.  LAS VEGAS, NV 89146  3065 S. JONES BLVD.  LAS VEGAS, NV 89146  ffice address on our records, re:  Enter Florida street address , Flor

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>	Type of Action
MGR	MICHAEL B WERNER	3065 S. JONES BLVD	□ Add
		LAS VEGAS, NV 89146	□ Remove
			■ Change
MGRM	BENJAMIN GARFINKLE	3800 HOWARD HUGHES PARKWAY	
		SUITE 1230	≅ Remove
		LAS VEGAS, NV 89169	Change
MGRM	DAVID GARFINKLE	95 MERRICK WAY	O Add
		CORAL GABLES, FL 33134	■ Remove
			Change
MGR	MICHAEL T. FAY	2020 PONCE DE LEON BLVD., SUITE	1200 (X Add
		CORAL GABLES, FL 33134	□ Remove
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fan effective date <u>Yote:</u> If the dat	, if other than the date is listed, the date must be sp te inserted in this block do ective date on the Departn	ecific and cannot be process not meet the app	dicable statutory fil	more than 90 days after ing requirements, thi	r filing.) Pursuant to 605.02
e record spe The 90th d	ecifies a delayed effe ay after the record is	ctive date, but s filed.	not an effective	time, at 12:01	a.m. on the earlier
Dated	Septembe	r 10 . 2019	·		
				ve of a member	····
\Mc			•		
MIC	CHAEL B WERNER	Typed or pr	rinted name of signee		

Page 3 of 3

Filing Fee: \$25.00