## L020000 21937

. (Re	equestor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300290089243

09/19/16--01048--002 \*\*30.00

2016 SEP 19 P U II

SEP # 0 2013

## **COVER LETTER**

TO:	Registration Se Division of Cor					
SUBJE		RD R&D LLC				
SUBJE	CI:	Name of Lim	Name of Limited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please 1	eturn all correspo	ondence concerning this matter	to the following:			
		IVON GALLO				
			Name of Person	_		
		I GALLO LLC				
			Firm/Company	_		
1200 DANBURY AVE						
			Address	_		
		DAVIE, FL 33325				
		IVONGALLO@GMAIL.CO	City/State and Zip Code OM	2016		
		E-mail address: (	to be used for future annual report notification)	SEP TI		
For furt	her information c	oncerning this matter, please ca	all:			
IVON	GALLO		954 818-8548 518-8548	ם ו		
•	Name o	f Person	Area Code Daytime Telephone Number	er fi		
Enclose	d is a check for th	ne following amount:				
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &		

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

INTER GARD R&D LLC	
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Complete Florida document number \(\frac{L02000021933}{\text{L02000021933}}\).	pany were filed on 08/26/2002 and assigned
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 "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the new
Name of New Registered Agent:	2016 SE
New Registered Office Address:	Enter Florida street address
	City , Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:

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	SILVIA ALARCON	2515 PROVENCE CIRCLE	<b>=</b> Add
		WESTON, FL 33327	☐ Remove
•		<del></del>	Change
			□ Remove
			Change
			Add
			Remove
			Add A
			☐ Change
			_ □ Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change

······································							
		·····			· · · · · · · · · · · · · · · · · · ·		
•							
							_
	<del></del>						
							_
*							
							_
·							
	•						
			<del>,</del> .				- <del>-</del>
		· · · · · · · · · · · · · · · · · · ·				23	
						S SIE	
					HAS.	<del>-</del> 5	
			***************************************		<u> </u>		
		· <del>-</del> ··· -				<u> </u>	U
					202	<del></del>	
					ָהָ אָרָטָ		
							_
ective date, if other than n effective date is listed, the date: If the date inserted in the cument's effective date on t	e must be specific is block does n	c and cannot be protect the app	licable statutor	ng or more than 90 d y filing requireme	_ (optional) lays after filing.) ents, this date w	Pursuant to 6 vill not be li	605.02 isted
record specifies a dela he 90th day after the	ayed effective record is file	ve date, but ed.	not an effec	tive time, at 1	2:01 a.m. o	n the ear	lier
ed 09/08		2016	·				
-tillum							

Page 3 of 3

Filing Fee: \$25.00