LOBOCOLAGI

(Requestor's Name)		
(Address)		
(Addres	ss)	
(City/St	ate/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)
(Document Number)		
Certified Copies	Certificates o	f Status
Special Instructions to Filing Officer:		
OCT -4 2012 L. SELLERS		

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12 OCT -3 PH 4: 24
SECRETARY OF STATE

COVER LETTER

TO: .	Registration So Division of Con		•	
SUBJE	CT:	IVS H	loldings LLC	
SCEGE				
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		C	Christopher Sheppard	
Name of Person				
IVS Holdings LLC				
			Firm/Company	
		4707 E	East Busch Blvd.,Ste# 105	
			Address	
		Т	ampa, Florida 33617	
			City/State and Zip Code	
		Csh	eppard93@yahoo.com to be used for future annual report notifica	tion)
For furt	her information o	concerning this matter, please c		(1011)
1011411	nor mormanour (someoning this matter, please o	uii.	
		opher Sheppard	at (<u>727</u>) 56 Area Code & Daytime T	60-7594
	Name o	of Person	Area Code & Daytime 1	elephone Number
Enclose	ed is a check for t	he following amount:		
₹ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corporati	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314





August 3, 2012

CHRISTOPHER SHEPPARD 4707 EAST BUSCH BLVD., STE. 105 TAMPA, FL 33617

SUBJECT: IVS HOLDINGS LLC Ref. Number: L03000016967

We have received your document for IVS HOLDINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 512A00020275



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 4, 2012

CHRISTOPHER SHEPPARD 4707 E. BUSCH BLVD., STE. 105 TAMPA, FL 33617

SUBJECT: IVS HOLDINGS LLC Ref. Number: L03000016967

We have received your document for IVS HOLDINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 212A00022394

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IVS Holdings 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 4/18/2007 and assigned Florida document number					
This amendment is submitted to amend the follow	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and end with "L.L.C."	h the words "Limi	ted Liability Company," the o	designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		4707 East Busch Blvd.,Ste# 105			
(Principal office address MUST BE A STREE	T ADDRESS)	Tampa, Florida 33617			
Enter new mailing address, if applicable:		4707 East Busch Blv	/d.,Ste#_10	05	
(Mailing address MAY BE A POST OFFICE)	BOX)	Tampa, Florida 33617			
B. If amending the registered agent and/or registered agent and/or the new registered of			ords, <u>enter</u> 1	the name of the nev	
Name of New Registered Agent:	Christopher	Sheppard		Zs z	
New Registered Office Address:	4707 East Busch Blvd.,Ste# 105		<u>}</u>		
		Enter Flori	da street ada	tress (a)	
		Tampa	, Florida	売る33617 円	
		City		Zip Code	
New Registered Agent's Signature, if changing F	Registered Agent:		Ç	FLORIDATE ATE	
I hereby accept the appointment as registered the provisions of all statutes relative to the p accept the obligations of my position as regis being filed to merely reflect a change in the n	roper and comp stered agent as j	lete performance of my d provided for in Chapter 6	uties, and I o 08, F.S. Or,	am familiar with and if this document is	

Page 1 of 2

Amount of New Registered Agent
Af Changing Registered Agent

company has been notified in writing of this change.

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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			AddRemove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, ij	fnecessary.)
			
Dated	Southand Mr.	<u> </u>	
	Christopher Sh	member or authorized representative of a member of a member of signee	r

Page 2 of 2

Filing Fee: \$25.00