L03000025125

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e#) .
PICK-UP	☐ WAIT	MAIL
(Ві	isiness Entity Nar	me)
(Da	cument Number)	· · · · · · · · · · · · · · · · · · ·
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations			
SUBJECT:	IOA Pro	operties, LLC	
SUBJECT.	Name of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registe	red Office Change a	nd fee(s) are submitted for filin	ng.
Please return all correspondence concer	ming this matter to th	ne following:	
John Wick, Esquire			
Name of Perso	n		
IOA Properties, LL	С		
Firm/Company			
1855 West S.R. 43	34		
Address			
Longwood, Florida	32750		
City/State and Zip	Code		
John.Wick@ioaus	a.com		90000
E-mail address: (to be used for fur	ure annual report no	tification)	
For further information concerning this	matter, please call:		
John Wick	40° at (7 998 - 5137	
Name of Person		Area Code & Daytime Te	lephone Number
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301]]	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314	
Enclosed is a check for the fo	llowing amount:		
■ \$25 Filing Fee		\$55 Filing Fee & Certified Co	ру

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IOA Properties, LLC				
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records. ed Liability Company))		
The Articles of Organization for this Limited Liability Compa	any were filed on 7/10/2003	and assigned		
Florida document number L03000025125				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:			
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		mark of and		
B. If amending the registered agent and/or registered	office address on our records,	enter the name of the he		
registered agent and/or the new registered office address l	<u>nere:</u>	S. 6-		
Name of New Registered Agent:		***		
New Registered Office Address:				
	Enter Florida street address			
	, Flor	rida		
	City	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>	Address	Type of Action
MGR	Heath Ritenour	1855 West State Road 434	Add
		Longwood, FL 32750	□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			Rentove
			Change
			Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			Add
			Remove
			☐ Change

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fective date, if other than the date of filing: $\frac{4/15/2016}{1}$	(optional)
n effective date is listed, the date must be specific and cannot be prior of the date inserted in this block does not meet the application.	to date of filing or more than 90 days after filing.) Pursuant to 605.02
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not	t an effective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
September 26 2016	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00