## L05000115807

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Division of C	Corporations			
BEACH SUBJECT:	IHOUSE LBK, LLC			
SUBJECT:	Name of Limi	ted Liability Company	<del>.</del>	
The enclosed Articles	of Amendment and fee(s) are sub-	nitted for filing.	·	
Please return all corre	spondence concerning this matter	to the following:		
	RONDA ELLIS C/O KIM	ONE HALL, ACP		
	<del>.</del>	Name of Person	<del> </del>	
	ELLIS,GED & BODDEN,	P.A		
		Firm/Company		
	7171 NORTH FEDERAL	HIGHWAY		
		Address		
	BOCA RATON, FL 33487	,	<b>A 21</b>	
		City/State and Zip Code		تسائمه
	rellis@egblawcom		3>=: C3	
For further information	en concerning this matter, please ca	to be used for future annual report notifull:	ication) SSE P	
Kimone Hall		561 910-8245	85 B	
Nan	ne of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for	or the 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)	

MAILING ADDRESS:

TO:

**Registration Section** 

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**

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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
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Page 3 of 3

Filing Fee: \$25.00