

LD7000043062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

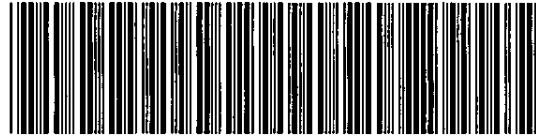
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600120489676

03/17/08--01029--018 \*\*25.00

FILED  
08 MAR 17 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. O. 11:24 MAR 18 2008

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** International Plaza Associates, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Deli  
(Name of Person)

Law Office of Elizabeth Gonzalez  
(Firm/Company)

10175 Fortune Parkway Suite 305  
(Address)

Jacksonville, FL 32256  
(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Deli at ( 904 ) 425.0816  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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:**  
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**

**FILED**  
08 MAR 17 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

International Plaza Associates, 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 4/23/2007 and assigned  
Florida document number L07000043062.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

\_\_\_\_\_, **Florida**

(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 608, 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 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 = Manager**

**MGRM = Managing Member**

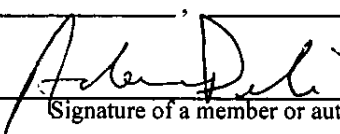
| <u>Title</u> | <u>Name</u>        | <u>Address</u>                                 | <u>Type of Action</u>  |
|--------------|--------------------|--|--|
| MGRM         | BOATRIGHT, EDWIN K | 778 SEA OATS BAY<br>PONTE VEDRA BEACH FL 32082 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                    |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

FILED  
08 MAR 17 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Dated 14 March 2008

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Adam Deli  
\_\_\_\_\_  
Typed or printed name of signee