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**EXAMINER** 



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BINISION OF CORPORATION

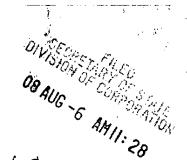
## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: Iron Solutions International 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:						
Nidia Hernandez (Name of Person)						
Iron Solutions International LLC						
1012 Bryan Street						
Kissimmee FL 34741 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Nidia Hernandez at (407) 483-1410 (Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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



(Zip Code)

Tron Solutions Taternational 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 4-7-200 8 and assigned Florida document number LOSODO 29814

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

nited Liability Company," the designation "LLC" or the abbreviation
1012 Bryan Street Kissimmee FL 34741
1017 Bryan Street Kissimmee FL 34741
office address on our records, <u>enter the name of the new</u> re:
(Enter Florida street address)  . Florida

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.

(City)

(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>		Address	Type of Action
MGA	M Noel Lo	pcz_	P.D. Box 94090 Miami, FL 3:	. Pemove
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D. If am	ending any other informat	on, enter change(s	) here: (Attach additional sheets, if nec	essary.)
-			- Jose E Borto	
			4	
Dated	Sign	idia Ho	Hermandy authorized representative of a member	
		Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00