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. (Re	equestor's Name)								
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WAR 23 2018 J. HARRIS

COVER LETTER

TO: Registration Sec Division of Corp			
· SUBJECT:	TVCY Name of Limi	Crest, dited Liability Company	444
v			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Edi	Name of Person	- Bales
	Re	11 keel A	sect
	202	Firm/Company Pubble Address	Bruch M
		City/State and Zip Code City/State and Zip Code Code	
	E-mail address: (t	o be used for future annua (report notif	ication)
For further information co	oncerning this matter, please ca	all:	
E	2 Bales	at (352) 29 Area Code Daytime	9-1593
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2018

EDWARD SCOTT BALES 2021 PEBBLE BEACH RD OCALA, FL 34472

SUBJECT: IVEY CREST, LLC Ref. Number: L08000078555

We have received your document for IVEY CREST, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate type of action for Drew Ryan Gardner.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 718A00004511

RECEIVED

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DEPARTHENT OF STATE

JAHASSEE, FLOPPORT

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Ivey Cr	est, LLC
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $LOSOOO7.85$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	
	SR C
	PARTY PARTY.
Enter new mailing address, if applicable:	ST COL
(Mailing address MAY BE A POST OFFICE BOX)	
Maning dairess MAY BLAFOST OFFICE BOA	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	······································
New Registered Office Address:	
Trom Registered Office (Addition).	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>

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

MGR = Manager AMBR = Authorized Member **Title Name** <u>Address</u> **Type of Action** MGR Adrian Vjerdha Bales 2021 Pebble Bruch Padd

Ocala, Fr 34472 Remove MGR Drew Ryon Gordner 103 Sonset Pr. Add

Howleysielle, PA Remove ☐ Change □ Add ☐ Remove □ Change ☐ Remove ☐ Change □ Add ☐ Remove □ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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