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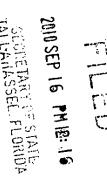
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C. LEWIS SEP. 1 7 2010 EXAMINER

COVER LETTER

TO: Registration S Division of Co		,	η		
SUBTECT:	Sure Fi	re Payoff, LLC			
		ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	,		
Please return all corresp	condence concerning this matter	to the following:			
	<u></u>	Bruce A. Ivy			
		Name of Person			
	·				
Firm/Company					
		Address			
Seminole, Florida 33772					
		City/State and Zip Code			
	IvyE E-mail address: (nterprises@earthlink.net to be used for future annual report noti	fication)		
For further information	concerning this matter, please of				
	Bruce A. Ivy	at (_727_)	776-1710		
Name	of Person	Area Code & Daytin	ne 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 enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section		STREET/COUR Registration Secti			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2010 SEP 16 PM 2: 16

		Tale are	
Sure Fire P	ayoff, LLC	5 15 0 to 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RYCE STATE
Sure Fire P (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears	on our records.	SSEE, FLORIDA
(2 1 1011000 21111000 2	monny company)	1712	
The Articles of Organization for this Limited Liability Company	were filed on	16 Feb 2010	and assigned
Florida document number L08000091683			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	;	
Ivy Enterpri	ses, LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compar	ıy," the designation "L	LC" or the abbreviation
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)			
B. If amending the registered agent and/or registered of		ur records, <u>enter tl</u>	ne name of the new
registered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
			_
New Registered Office Address:	F	er Florida street addr	
	Eni	zr rioriaa sireei aaar	ess
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>		
	•		
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as	lete performance of provided for in Ch	of my duties, and I a apter 608, F.S. Or, i	m familiar with and if this document is
being filed to merely reflect a change in the registered office company has been notified in writing of this change.	address, I hereby	confirm that the lim	ited liability

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 Type of Action <u>Title</u> Name <u>Address</u> ☐ Add Remove ☐ Add Remove □Add Remove Remove \square Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00