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2011 OCT 45 AN 100 17
SECRETARY OF STATE

T. CLINE

OCT - 6 2011

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	IES SALES	AND SERVICE, LL	.C	
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspon	ndence concerning this matte	r to the following:		
	OSNIEL SANCHEZ			•
		Name of Person		
	IES S	ALES AND SERVICE	, LLC	
 		Firm/Company		
	14945 NOR	THWEST 25TH COU	RT - BAY-B	
		Address		
OPA LOCK		PA LOCKA, FL 3305	4	2011 SE(TALL
	City/State and Zip Code			AH C
		esanchez08@gmail.c to be used for future annual rep		I -5
For further information co	ncerning this matter, please	call:		2011 OCT -5 ANIOL 17 SECRETARY OF STATE ALL AHASSEE, FLORIDA
OSNIE	EL SANCHEZ	at (305)	525-6079	
Name of Person			Daytime Telephone Number	
Enclosed is a check for the	following amount:			·
 I I I I I I I I I 	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) Certified	te of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		Registration	Corporations	

Tallahassec, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IES SALES AN	ID SERVICE, LLC				
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on o	our records.)			
(IT FORMS EMINE	a Elabiniy Company)				
The Articles of Organization for this Limited Liability Compa	any were filed on FEBRI	JARY 10, 2009 and assigned			
Florida document numberL0900013580					
		- 			
This amendment is submitted to amend the following:					
· ·	1 111				
A. If amending name, enter the new name of the limited li	<u>ability company here</u> :				
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Company," t	he designation "LLC" or the abbreviation			
F					
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		PG B			
Enter new mailing address, if applicable:		<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)					
D. Te annual to the market and an extensive a literature of	. 00 3 1	<u> </u>			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ecords, enter the name of the new			
-					
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	City	, Florida Zip Code			
New Registered Agent's Signature, if changing Registered Age	•	•			
THE RESISTENCE OF A SECURITION OF THE PROPERTY	<u>41.</u>				
I hereby accept the appointment as registered agent and a	gree to act in this capacit	y. I further agree to comply with			
the provisions of all statutes relative to the proper and con	nplete performance of my	duties, and I am familiar with and			
accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi					
company has been notified in writing of this change.		, I			

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
MGR	OSNIEL SANCHEZ	14945 NORTHWEST 25TH COURT BAY-B OPA LOCKA, FL 33054	Add Remove
			Add Remove
			Add Remove
			_□ Add _□ Remove -
			Add Remove
			Add Renaeye
D. If amendin	g any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	
		P *	TE 7
Dated		· · · · · · · · · · · · · · · · · · ·	- ·
		\rightarrow	
		athorized representative of a member	
,		ET SANCHEZ printed name of signee	

Page 2 of 2

Filing Fee: \$25.00