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(Re	equestor's Name)	
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(Do	ocument Number)	
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SUBJEC	ILAN WA	AY, LLC			
SUBJEC	1	Name of Lin	nited Liability Company		_
The enclo	sed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please reti	urn all corresp	oondence concerning this matter	r to the following:		
		RUBEN ZURGA			
			Name of Person		
		MIAMI ACCOUNTING	& TAX SERVICES LLC		16 SE
		- 1- 57- , as dis-	Firm/Company		<u> </u>
		13899 BISCAYNE BLVI) PH9		ALIAS ALIAS ALIAS
			Address		— 1.6 — 1.6 — 1.6
		NORTH MIAMI BEACH	, FL 33181		F.S. 28 D
			City/State and Zip Code	· · ·	Z3
		RUBEN@MIATAX.COM			
		E-mail address:	(to be used for future annual	report notification)	
For further	r information	concerning this matter, please c	all:		
RUBEN 2	ZURGA			7-2521	
	Name	of Person	at () Area Code	Daytime Telephone Nur	mber
Enclosed i	s a check for	the following amount:			
\$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is end	Certi losed) Certi	O Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
	MAIL	ING ADDRESS:	STREET	T/COURIER ADDRESS	S:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ILAN WAY LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears ол our records Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compan Clorida document number	y were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		ALL ALL
	<u></u>	EA B T
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		, enter the name of the
Name of New Registered Agent:	77777 7 2 8 8 7 2 14 14 15 2 1	
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	Emer Fioriaa sireet aaaress	
	City, Flo	ridaZip Code
	CIII	ωρ Couc

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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>l itle</u>	Name	Address	Type of Action
MGR	GIANNICO, MAURO EZEQUIEL	2963 NW 33RD WAY	■ Add
		Lauderdale Lakes, FL 33311	□ Remove
			☐ Change
MGRM	MENDEZ, PABLO D	13899 BISCAYNE BLVD PH9	
		North Miami Beach, FL 33181	■ Remove
			Change
MGRM	HERMS DE MENDEZ, MARIA	13899 BISCAYNE BLVD PH9	
		North Miami Beach, FL 33181	■ Remove
			□ Change
MGRM	MENDEZ, DIEGO I	13899 BISCAYNE BLVD PH9	Add
		North Miami Beach, FL 33181	■ Remove
			Change
			A A A A
			AHASSEE, OF THE PROPERTY OF TH
			Change 2
			Remove
			☐ Change

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ective date, if other than the	t be specific and cannot be prior to dat	op e of filing or more than 90 days af	tional) ter filing.) Pursuant to 605.020
	ock does not meet the applicable s		
tument's effective date on the D	epartment of State's records.		
report ensetting a data as	l offorbing data but a	official state = 143 04	a an an Alban di
record specifies a delayed The 90th day after the rec	l effective date, but not an ord is filed.	enective time, at 12:01	a.m. on the earlier o
AUGUST 16	2016		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00