

109000079361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

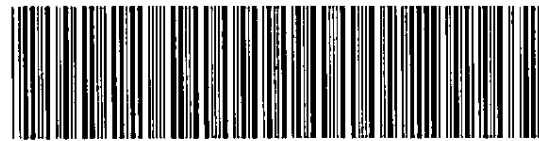
(Business Entity Name)

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Y SULKER

WEST POLK COUNTY  
225 East Lemon Street • Suite 300  
Lakeland, Florida 33801  
(863) 683-6511 or (863) 676-6934  
Fax (863) 682-8031  
P.O. Box 24628  
Lakeland, FL 33802-4628



PETERSON & MYERS, P.A.  
ATTORNEYS AT LAW • SINCE 1948

EAST POLK COUNTY  
242 West Central Avenue  
Winter Haven, Florida 33880  
(863) 294-3360  
Fax (863) 299-5498  
P.O. Drawer 7608  
Winter Haven, FL 33883-7608

December 14, 2017

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

Re: Articles of Amendment to Articles of Organization of IF&D Datasuites, LLC

Dear Sir or Madam:

I enclose for filing with the Division of Corporation the following:

1. Cover Letter.
2. Articles of Amendment to Articles of Organization of IF&D Datasuites, LLC, and
3. Check in the amount of \$30.00 in payment of the filing fee and certificate of status.

After filing the Articles of Amendment, please send me a certificate of status.

Sincerely yours,

M. David Alexander

MDA/jsa  
Enclosures as stated  
cc: Kerry M. Wilson, Manager

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: IF&D Datasuites, 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:

M. David Alexander, Esq.

\_\_\_\_\_  
Name of Person

Peterson & Myers, P.A.

\_\_\_\_\_  
Firm/Company

242 W. Central Avenue

\_\_\_\_\_  
Address

Winter Haven, FL 33880

\_\_\_\_\_  
City/State and Zip Code

dalexander@petersonmyers.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

M. David Alexander

863

294-3360

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

IF&D Datasuites, 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 August 17, 2009 and assigned  
Florida document number L09000079361.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

199 Avenue B, NW, Suite 500

(Principal office address MUST BE A STREET ADDRESS)

Winter Haven, FL 33881

Enter new mailing address, if applicable:

P.O. Box 7378

(Mailing address MAY BE A POST OFFICE BOX)

Winter Haven, FL 33883-7378

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Carl J. Strang, III

New Registered Office Address:

56 4th Street, NW, Suite 200

Enter Florida street address

Winter Haven

Florida 33881

City

Zip Code

**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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Six/Ten, LLC	56 4th Street, NW, Suite 200	<input type="checkbox"/> Add
		Winter Haven, FL 33881	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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PALM HARBOR, FLORIDA

UNIVERSITY OF STATE  
ALLAHABAD, FLORIDA

17 DEC 48 220 49  
DEPT OF STATE  
ALLAHABAD, INDIA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 14, 2017

Signature of a member or authorized representative of a member

1687 M. Wilson  
Typed or printed name of signer