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SECTE LARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations	i
SUBJECT:	
The enclosed Articles of Amendme	

IAC Ventures, LLC.

Name of Limited Liability Company

t and fee(s) are submitted for filing.

cerning this matter to the following:

	Ivan Calisto			
	Name of Person			
	IAC Ventures, LLC.			
	Firm/Company			
781	10 Camino Real Suite	I- 2 05		
	Address			
	Miami, FL 33143			
	City/State and Zip Code			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, pleas	se call:			
Ivan Calisto	at (786)	7684638		
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)

Control of the state of the property of the state of the state of

\$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

IAC Ventures, LLC. (Name of the Limited Liability Company as it now appears on our refords.) 11/12/2009 The Articles of Organization for this Limited Liability Company were filed on and assigned L09000108764 Florida document number 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 end with the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

I, amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Address Title** <u>Name</u> **MGRM** Ivan Calisto 7810 Camino Real # I-205 ✓ Add Miami, FL 33143 Remove Remove ☐ Add ☐ Remove ∏Add Remove ∏Add ☐Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 10 MAR 19 AM 11: 2010 March 15 Dated Signature of a member or authorized representative of a member Ivan Calisto Typed or printed name of signee

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Filing Fee: \$25.00