

Division of Corporations

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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H20000062910 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : THE KLEIN GROUP
Account Number : 120190000115
Phone : (361) 763-1107
Fax Number : (954) 340-9005

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: gita@theKleingroupcpa.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IG FAMILY HOLDINGS NO. 3, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2020 FEB 27 AM 10:54

20 FEB 27 AM 8:35

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

H200000629103

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

IG FAMILY HOLDINGS NO 3, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
20 FEB 27 AM 8:35
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12-15-2009 and assigned
Florida document number L09000118680.

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: _____

(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: _____

2300 NW CORPORATE BLVD SUITE 112

Enter Florida street address

BOCA RATON

City

Florida 33431

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

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

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

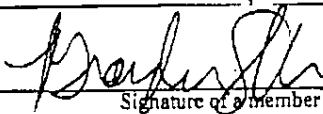
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 2-24, 2020



Signature of a member or authorized representative of a member

BRANDON S KLEIN

Typed or printed name of signer

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