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SECRETARY OF STATE TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

JUL 21 2011

COVER LETTER

TO:

Registration Section

Division of	Corporations			
SUBJECT:	IES	Holdings, LLC		
		mited Liability Company		
The enclosed Articles	of Amendment and fee(s) are s	submitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
		Raquel Rothman, Esq.		
	•	Name of Person		
	Raquel Rothman, P.L.			
		Firm/Company		
	2090	201 TAL SE		
	20900 N.E. 30 Avenue, 8th Floor Address			
		Aventura, FL 33180	BECRETARY OF STALLAHASSEE, FLO	
•	•••	City/State and Zip Code		
	rothmanpl@bellsouth.net E-mail address: (to be used for future annual report notification)			
	E-mail address	: (to be used for future annual report notification	AM 8: 35	
For further information	n concerning this matter, please	e call:	Þ	
Raq	uel Rothman, Esq.	at (786) 303	3-7529	
Nam	e of Person	Area Code & Daytime Tel	ephone Number	
Enclosed is a check for	r 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)	
Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>IE</u>	S Holdings, LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appea da Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	y Company were filed on	3/22/2010	and assigned
Florida document number L10000030900			
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Comp	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		····	
(Principal office address MUST BE A STREET AD)	DRESS)		EC =
			RETAR
Enter new mailing address, if applicable:			SE 20 23 20 20 20 20 20 20 20 20 20 20 20 20 20
(Mailing address MAY BE A POST OFFICE BO.			SI &
		·	35 25
B. If amending the registered agent and/or reg registered agent and/or the new registered office ag		our records, <u>ente</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	nter Florida street a	ddress
	City	, Florida _	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 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.

If Changing Registered Agent, Signature of New Registered Agent

'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
MGRM	Lidya Abramovici	19355 Turnberry Way, #6J Aventura, FL 33180	Add Remove
<u>MGRM</u>	Jonathan Rothman	19355 Turnberry Way, #6J Aventura, FL 33180	Add ✓ Remove
MGRM	Raquel Rothman	21150 N.E. 38 Ave, #2806 Aventura, FL 33180	Add Z Remove
MGRM	Ilana Rothman	19355 Turnberry Way, #6J Aventura, FL 33180	Add Remove
MGR_	Lidya Abramovici	19355 Turnberry Way, #6J Aventura, FL 33180	,
MGR	Jonathan Rothman	19355 Turnberry Way, #6J Aventura, FL 33180	✓AddRemove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessor	FILED 2011 JUL 20 AM 8: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Dated	July 17	2011	,ъ" (Л
	Signature of a mo	unber or authorized representative of a member	
		Raquel Rothman	

Page 2 of 2

Filing Fee: \$25.00

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 **Title** Name <u>Address</u> **Type of Action** MGR Raquel Rothman 19355 Turnberry Way, #6J Aventura, FL 33180 **✓** Add Remove Ilana Rothman MGR 19355 Turnberry Way, #6J **✓** Add Aventura FL 33180 Remove __ Add _ Remove ☐ Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00