

**L10000112633**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 APR - 7 PM 4:2015 APR - 7 AM 10:28  
NOT REUSED SECRETARY OF STATE  
TO ACKNOWLEDGE ALL APPLICANTS FILING  
SUFFICIENCY OF FILING

APR 08 2015  
D. BRUCE



**Wolters Kluwer**  
Corporate Legal Services

**CT Corporation**

515 East Park Avenue  
Tallahassee, FL 32301

850 558 1930 tel  
855 637 1628 fax  
www.ctcorporation.com

April 7, 2015

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 9506076 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

Peer9 Fund I LLC (FL)  
Amendment  
Florida

Peer9 Fund I LLC (FL)  
Certificate of Status-Domestic  
Florida

Peer9 Fund I LLC (FL)  
Obtain Document - Misc - Certified Copy of Amendment  
Florida

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2015 APR - 7 AM 10:28  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE FL 32301

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PEER9 FUND I 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:

John P. (Sean) Meenan

Name of Person

IPRSecure, LLC

Firm/Company

1201 N. Market Street

Address

Wilmington, DE 19801

City/State and Zip Code

Sean.Meenan@iprsecure.com

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

For further information concerning this matter, please call:

Sean Meenan

484

533-6822

Name of Person

at ( )

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 APR -7 AM 10:28

FILED

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

PEER9 FUND I 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 10/28/2010 and assigned  
Florida document number L10000112633.

This amendment is submitted to amend the following:

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

IPR FL LLC

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*

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	RJT Holdings LLC	1001 Clint Moore Rd Ste 100	<input type="checkbox"/> Add
		Boca Raton FL 33487	<input checked="" type="checkbox"/> Remove
MGR	Florida Equity Partners LLC	265 South Federal #156	<input type="checkbox"/> Add
		Deerfield Beach FL 33441	<input checked="" type="checkbox"/> Remove
MGR	Tami Fratis	IRR International 1201 N. Market Street	<input checked="" type="checkbox"/> Add
		Wilmington, DE 19801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 CLERK OF DISTRICT COURT  
 11th JUDICIAL CIRCUIT  
 MIAMI, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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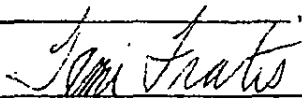
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 31, 2015



Signature of a member or authorized representative of a member

TAMI FRATIS

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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2015 APR - 7 AM 10:28  
CLERK OF STATE  
TALLAHASSEE FLORIDA