Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : RICHARDS & ASSOCIATES, PA.

Account Number : 120113000091

Phone : (305)358-9900 Fax Number : (305)285-0015

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: VIVIA & VICTORIAS - Law. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

IASOTEK, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 01 |
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Electronic Filing Menu

Corporate Filing Menu

Help B. BOSTICK

EXAM

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECTS

IASOTEK, 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:

YILAN RIVERO

Name of Person

RICHARDS & ASSOCIATES, P.A.

Firm/Company

2665 SOUTH BAYSHORE DRIVE, SUITE 703

Address

MIAMI, FLORIDA 33133

City/State and Zlp Code

YRIVERO@RICHARDS-LAW.COM

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

For further information concerning this matter, please call:

YILAN RIVERO

,305,858-9900

Area Code & Daytime Telephone Number

0C1-7 A

Enclosed is a check for the following amount:

Name of Person

■ \$25.00 Filing Fee

□\$30,00 Filing Fee & Certificate of Status ☐\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 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 IASOTEK, LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited) | inbility Compa- Florida Limited L | ny as it now appears on our re liability Company) | ecords,) | |
|--|--------------------------------------|--|--------------------------------------|--|
| The Articles of Organization for this Limited Lia | bility Company | were filed on JANUARY | 7, 2011 and assigned | |
| Florida document number L11000003011 | | | 30 | |
| This amendment is submitted to amend the follow | Ū | | CO -T H | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | コ. エ | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limi | ted Liability Company," the de- | signation "LLC" or the authreviation | |
| Enter new principal offices address, if applica | ble: | 641 CROCUS DRIVE | | |
| (Principal office address MUST BE A STREET | | ROCKVILLE, MARYL | AND 20850 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | | 641 CROCUS DRIVE ROCKVILLE, MARYL | | |
| B. If amending the registered agent and/o registered agent and/or the new registered off | r registered of ice address her | Nce address on our record <u>e</u> : | is, enter the name of the new | |
| Name of New Registered Agent: | WORLD CO | ORPORATES SERVICE | ES, INC. | |
| New Registered Office Address: 2665 SOUT | | TH BAYSHORE DRIVE | , SUITE 703 | |
| | | Enter Florida street address | | |
| | MIAMI | , Y | Florida 33133 | |
| Naur Danistaned America Simustanea (F. L | | 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 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 Title <u>Name</u> <u>Address</u> Type of Action 8640 NW 111 COURT MGR MARIANELLA MORALES DORAL, FLORIDA 33178 8640 NW 11TH COURT IGNACIO DE LEON MGR DORAL, FLORIDA 33178 Remove Remove Add Remove Remove Remove

| LT #17 | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--------|--|
| | |
| ed _ | Oct you for the first the second of the seco |
| | Signature of a member or authorized representative of a member May anella Myale Typed or printed name of signee |

Page 3 of 3

2013 OCT -7 AM 4: 30





October 7, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALLIANT VILLA KATHLEEN, LLC 340 ROYAL POINCIANA WAY, STE. 305 PALM BEACH, FL 33480

SUBJECT: ALLIANT VILLA KATHLEEN, LLC

REF: L13000132183

2013 OCT -7 AH 4: 30
FALLAHASSEE TLORIDA

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

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FAX Aud. #: #13000220945 Letter Number: 413A00023417