L11000056912

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

SEP 28 PM 19: 58

C. LEWIS

SEP 29 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2011

KATHLEEN PRIETO IRON CRUSADER 15751 SHERIDAN STREET, SUITE 127 FORT LAUDERDALE, FL 33331

SUBJECT: IRON MUDDER, LLC Ref. Number: L11000056912

We have received your document for IRON MUDDER, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Letter Number: 411A00021274

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

Registration Section Division of Corporations

COVER LETTER

Division of Corporations		
SUBJECT: IRON MUDBER, 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:		
LATHLEEN PRIETO Name of Person		
IRON MUDDER, LLC		
15751 SHENIAAN STORET #127		
FORT LAUDENDALE, FL 33331		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
KATHLEEN PRIETO at (305) 992-3551		
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount: ALNEAGY PAID.		
\$25.00 Filing Fee \$30.00 Filing Fee \$\$55.00 Filing Fee \$\$Certificate of Status \$\$Certified Copy (additional copy is enclosed) \$\$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

, j.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 SEP 28 PM 19: 58

I RON MUDDEN	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 5 13 8011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab TRON CRUSADER The new name must be distinguishable and end with the words "Limit" L.L.C."	LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	15751 SHENIDAN ST. SUITE 127 FONT LAUDENDALE, FL 33331
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida

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

Zip Code

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 Title Name Address **Type of Action** ☐ Add Remove ☐ Add □ Remove ☐ Add Remove ☐ Add Remove ∏Add Remove \square 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 CATHLEEN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00