Dated _	June 10	. 2013	
		210 M (1) 25 1	
		Signature of a member or authorized representative of a member	
		Jaines M. Wagy	
		Typed or printed rame of signee	

Filing Fee: \$25.00

2013 JUN 17 AM 8: 00

SENT AND STATE OF STATE OF

L11000100576

	(Requestor's Name)
	(Address)
<u> </u>	(Address)
	(City/State/Zip/Phone #)

(Oity/Otate/Zip/Filone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ____

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J. SAULSBERRY EXAMINER JUN 18 2012

COVER LETTER

TO:

Registration Section
Division of Corporations

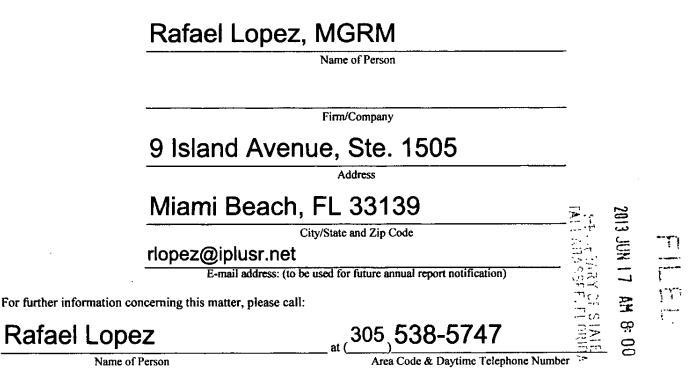
SUBJECT:

I PLUS R SERVICES, 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:



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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I PLUS R SERVICES, LLC		,
(Name of the Limited Liability Compa (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 numberL11000100576	were filed on09/01/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1150 Sorolla Ave	7013 74 (%
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, FL 33134	= = = = = = = = = = = = = = = = = = = =
Enter new mailing address, if applicable:	1150 Sorolla Ave	100 M 17
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, FL 33134	R.O. 00
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:		
	, Florid	
	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				
<u>Title</u>	Name	Address	Type of Action	
			Add	
			Remove	
			Add	
•			Remove	
			· · · · · ·	
			Add	
			Remove	
			Add	
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			All 80 Add	
			Remove	
		AL WESTERNAN		
			Add	
			Remove	

D. If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MGRM RAMIREZ, FERNANDO I. Addreess change,					
	from: 2208 Segovia Circle, Coral Gables, FL 33134					
	to: 1150 Sorolla Avenue,	Coral Gables, FL 33134				
Dated	June 12	2013				
		e of a member or authorized representative of a member				
	RAFAEL E. LOPEZ	Z				

Page 3 of 3

Filing Fee: \$25.00

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