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(Red	questor's Name)			
(Add	dress)			
(Adi	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
	· 			
(Doo	cument Number)			
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SECURIARISE FIORIDI



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2011

MARITZA CORONA 18331 PINE BLVD., #212 PEMBROKE PINES, FL 33029

SUBJECT: IGNENZO LLC Ref. Number: L11000100951

We have received your document for IGNENZO LLC and your check(s) totaling \$. 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 611A00022088

www.sunbiz.org

COVER LETTER

	gistration Section ision of Corporations
SUBJECT:	IGNENZO LLC
	Name of Limited Liability Company
The enclosed	d Articles of Amendment and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	Maritza Corona Namo of Person
	Maritza Corona Name of Person Consult Team LCC Firm/Company
	18331 Pines Blud #212
	Pembroke Pines FL 33029 City/State and Zip Code Info @ Consulteam.net E-mail address: (to be used for future annual report notification)
	Info @ consulteam.net E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
_Ma	Name of Person at (954) 445-5453 Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:
\$2 5.00 Fi	ling Fee \$\ \bigcup \\$30.00 \text{ Filing Fee & } \bigcup \\$55.00 \text{ Filing Fee & } \bigcup \\$60.00 \text{ Filing Fee,} \\ \text{Certificate of Status & } \\ \text{Certified Copy } \\ \text{(additional copy is enclosed)} \end{align*} \[\begin{align*} \begin{align*} \\$60.00 \text{ Filing Fee,} \\ \text{Certificate of Status & } \\ \text{Certified Copy } \\ \text{(additional copy is enclosed)} \end{align*} \]

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

Zip Code

IGNENZO LLC

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A
(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 off 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

∴MGR≃ M 'MGRM =	lanager Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	REMORERAS, Roselyn I.	5966 Golden Eagle Cir Palm Beach Gardens FL 33418	✓ Add ☐ Remove
MGRM	Catanag Remoreras,	5966 Golden Eagle Cir Palm Beach Gardens FL 33418	☐ Add ☑ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ry.)
-			FILE 11 OCT 17 SECNETALSSEE
Dated	10/12 20	» II — — — — — — — — — — — — — — — — — —	AH 8: 35
	Signature of a member Roselyn Typed	For authorized representative of a member FREMOIE FOLS I or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00