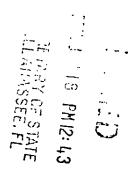
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|---------------------------------------|------------------------------|-------------------------------|---|--|----------|--------------|
| , SUBJECT: | IP AGENC | | | | | |
| SOBJECT | | Name of Lim | ited Liability Company | | | |
| The enclosed | l Articles of . | Amendment and fee(s) are sub | mitted for filing. | | • | |
| Please return | all correspo | ndence concerning this matter | to the following: | | | |
| | | IVAN PARRON | | | | |
| | | | Name of Person | | _ | |
| | | PARRON AND ASSOCIA | NTES, PL | | | |
| | Firm/Company | | | | | |
| | | 9921 SW 108TH ST | | | | ~ |
| | Address | | | | | |
| | | MIAMI, FL 33176 | | | SYIII | 2 |
| City/State and Zip Code IP@PARRON.LAW | | | | | OF STATE | FH 12: 43 |
| For further i | nformation c | - | to be used for future annual report no | tilication) | TATE | : 43 |
| IVAN PAR | | oneering in strate, prease e | 305 459-3349 | | | - |
| Name of Person | | | at () | ne Telephone Numbe |)r | |
| | ranc o | T Cana | Alea Code Dayin | ne retepitone remot | -1 | |
| Enclosed is | a check for th | ne following amount: | | | | |
| ■ \$25.00 Filing Fee | | | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | filing Fee, ate of Status & d Copy al copy is enclosed) | | |
| Re | iling Addres gistration S | | <u>Street Address:</u> Registration So Division of Co | | | |
| P.0 | D. Box 632 | .7 · | The Centre of | • | | |
| Та | Hahassee, I | FL 32314 | 2415 N. Monr | oe Street, Suite | 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| IP AGENCY, LLC | | | | | |
|---|--|--|---------------------------|--------------|-----------------|
| (<u>Name of the Limi</u> | ted Liability Compa (A Florida Limited) | in <mark>y as it now appears on our</mark> Liability Company) | records.) | | |
| The Articles of Organization for this Limited L. Florida document number L11000101088 | iability Company | were filed on 09/02/201 | 1 | and ass | igned |
| This amendment is submitted to amend the foll | owing: | | | | |
| A. If amending name, <u>enter the new name o</u> | f the limited liab | oility company here: | | | |
| IP AGENCY LLC | | | | | |
| The new name must be distinguishable and contain the v | vords "Limited Liabi | lity Company," the designation | n "LLC" or the abbr | eviation "L. | L.C." |
| Enter new principal offices address, if applic | rable: | 9921 SW 108th St | | | |
| Principal office address MUST BE A STREI | Miami, FL 33176 | .33176 | | | |
| | | | , | 1 | , |
| Enter new mailing address, if applicable: | | 9921 SW 108th St | ZHX. | | |
| Mailing address MAY BE A POST OFFICE | BOX) | Miami, FL 33176 | SE | | 1 cered |
| | | , t. t. | 5TA | 16.82 | |
| | | , | r | <u> </u> | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | • | address on our records, | enter the name | of the nev | <u>w regist</u> |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | 9921 SW 1080 | h St Miami, FL 33176 | | | |
| | | Enter Florida street address | | | |
| | Miami | | Florida _ ³³¹⁷ | 76 | |
| | | 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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
|-------|-------------|------------------|-----------------|
| MGR | IVAN PARRON | 9921 SW 108th St | □Add |
| | | Miami, FL 33176 | □Remove |
| | | | ≘ Change |
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| fective date, if other than th | re date of filin | 05/20/2024 g: | | | (optional) | 43 | |
| n effective date is listed, the date mote: If the date inserted in this | ust be specifie and | d cannot be prior | to date of filing or | more than 90 da | ys after filing.) | Pursuant | to 605.020 he listed a |
| cument's effective date on the | Department of S | State's records | | ing requiremen | ns, ans date | | oc nated a |
| | | | | | | | |
| ecord specifies a delayed effect is filed. | ive date, but not | t an effective t | me, at 12:01 a.n | n, on the earlier | of: (b) The | e 90th di | y after the |
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| ted | . / | 2024 | | | | | |
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| | | | orized representati | | | | |

Filing Fee: \$25.00