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COVER LETTER

TO: Registration Se Division of Con			
IT LTC, LI			
SUBJECT:	Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ilan Najman		
		Name of Person	
	IT LTC, LLC		
		Firm/Company	
	2700 N 29th Ave. Suite 30	8	
		Address	
	Hollywood, FL 33020-151	5	
		City/State and Zip Code	
	ilan.n@itltc.com	to be used for future annual report noti	(ication)
For further information of	concerning this matter, please co	•	neurony
Ilan Najman		954 818-6532	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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

IT LTC, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on Florida	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	ZIIIS OC
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2700 N 29th Ave.	SSEE 2
(Principal office address MUST BE A STREET ADDRESS)	Suite 308	
	Hollywood, FL 33020-1515	5 5
		20 J
Enter new mailing address, if applicable:	2700 N 29th Ave.	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 308	
	Hollywood, FL 33020-1515	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our record e:	is, <u>enter the name of the new</u>
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	· · · · · · · · · · · · · · · · · · ·	lorida
	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 Changing Registered Agent, Signature of New Registered Agent

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 <u>Title</u> <u>Name</u> **Address** Type of Action □ Add _□ Remove _ Change □ Add _□ Remove ☐ Change _ Add □ Remove _□ Change □ Add Remove ☐ Change _ Add

□ Remove

_□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nec	•
	
	 -
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	onal) r filing.) Pursuant to 605.020 is date will not be listed a
If the record specifies a delayed effective date, but not an effective time, at 12:01 (b) The 90th day after the record is filed.	a.m. on the earlier o
Dated October 9th, 2015	2015 OU SEE AR TALLA
Signature of a member or authorized representative of a member	DT 12
Ilan Najman Typed or printed name of signee	

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Filing Fee: \$25.00