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(Re	questor's Name)	
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COVER LETTER

TO:	Registration Sec Division of Corp	tion orations	,•	
SUBJE	CT: IR	2M Slow	IP, LLC.	
•	·	Name of Lim	ited Liability Company	
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		ISRA	Name of Person	
		IRM	Seoup, LO	<u></u>
		18840	SW356	Street
		Florion	City/State and Zip Code	3,3034
		E-mail address: (to be used for future annual report notif	ahod. com
For furti	ner information co	ncerning this matter, please ca	all:	_
1	SRAE! Name of	Person	at (786) 234 Area Code Daytime	7937 Telephone Number
Enclose	d 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 Rm	SHOUP CLC	
(<u>Name of the Limited</u>) (A	Clability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number 472000	ility Company were filed on <u>06-25-7</u> 2083137	212 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		<u> </u>
	registered office address on our records, en	ter the name of the new
registered agent and/or the new registered offic	e address here:	
Name of New Registered Agent:		07.
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Address</u> **Type of Action** -SEACL PAREZ 18840 SW 356 Street Add _□ Change MSR Sahaziel Pens 18840 SW 356 st. ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ 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:

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Filing Fee: \$25.00