L12000138936

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nai	me)
(Doc	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
		,

Office Use Only



900242297019

12/05/12--01015--019 **30.00

12 DEC -5 AM II: 08

SEGNETARY OF STATE

DEC 6 2012 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: IRE RESIDENTIAL, 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:	
Ruslan Krivoruchko	
Name of Person	
Dolce Living Firm/Company	
Firm/Company	
1920 E. Hallandale BCH. BLVO - SUITE SOS	5
HALLANDALE BEACH, FL. 33009 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MAURA GIVAS at (954) 455 - 0336. Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \times \t	&

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREU SEGMETARY OF STATE DIVIDIAN OF CORPURATIONS

IRE RESID	ential, LLC	12 DEC -5 AM II: 08
(Name of the Limited Lin (A Flo	ential, LLC ability Company as it now appears orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on 11 936	O1 2012 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here	;
The new name must be distinguishable and end with the 'L.L.C."	he words "Limited Liability Compar	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		ur records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Ent	er Florida street address
	City	, Florida Zip Code
	 y	Eip cono

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> Type of Action <u>Name</u> <u>Address</u> SOLE IGOR KRIVORUCHKO Member 1920 E. Hallandale BCH. BLVD. SUITE 505 Hallandale FL 33009 TATYANA KRIVORUCHKO 1920 E. HALLANDALE BCH. BLVD X Add SuitE 505 Hallandale BCH. FL 33009 Remove Add Remove Add PVS Remove 350 . Add Remove

	· · · · · · · · · · · · · · · · · · ·
12/03	
12/03	Igor Krisorichko
12/03	Jgor Kasorulko Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00