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SECRETARY OF STATE ALLAMASSEE, FLOWER

JUL 05 2016 S. YOUNG

COVER LETTER

	egistration Se ivision of Cor			
OUD IDOX			IDENTIAL LLC	
SUBJECT			nited Liability Company	
		Amendment and fee(s) are sub	-	
Transfer Com	m un correspe	Becky Pessolano	to the following.	
			Name of Person	
		DLC Residential		
			Firm/Company	
		21500 Biscayne Blvd - Su	ite 402	16 JUL - 1 PH
			Address	1
		Aventura, FL 33180		PH
		h	City/State and Zip Code	16 JUL -1 PH12: 57
		bpessolano@dlcresidential. E-mail address: (to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please c	all:	•
Becky Pess	solano		954 455-0336	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee. FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IRE	RESIDENTIAL LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on November 1, 2012	and assigned
Florida document number L12000138936	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		三 图像
(Principal office address MUST BE A STREET ADDR	ESS)	ارد الله الله الله الله الله الله الله الل
		7 55
		- 32
Enter new mailing address, if applicable:		PH
(Mailing address MAY BE A POST OFFICE BOX)		?
		S Dr
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ne name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Igor Krivoruchko	21500 Biscayne Blvd, Suite 402	
		Aventura, FL 33180	≅ Remove
		21500 Biscayne Blvd, Suite 402	☐ Change
MGR	Ruslan Krivoruchko	Aventura, FL 33180	■ Add
			Remove
			Change TALLATE
			1 ကို
			Remove Change
			□ Remove
			Change
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e ctive date, if of effective date is lis	ther than the date of f ted, the date must be specifi	iling: c and cannot be pric	r to date of filing or	(opti more than 90 days afte	i onal) r filing) Pursuant to 605	020
<u>te:</u> If the date ins	erted in this block does i	not meet the appli	cable statutory fili	ng requirements, thi	s date will not be list	ed as
ument s effective	date on the Department	of State's record	S.			
racerd enecific	as a delayed offertion	io data but n	at an officiative	time at 13:01	n ma am tha anuli	
he 90th day a	es a delayed effective files f	ed.	ot an enective	time, at 12:01	a.m. on the earn	er o
ed	June 30	2016	•			
						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00