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T. MATTHEWS FEB 18 2022

## **COVER LETTER**

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SUBJEC	_ :ان	<del>- · · · · · · · · · · · · · · · · · · ·</del>	Name of Lin	nited Liability Company	<u> </u>		
The encle	osed .	Articles of /	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn a	ill correspor	ndence concerning this matter	to the following:			
			Stephanic Smith				
				Name of Person		<del></del>	
			lonracas Investigations LL	.c			
				Firm/Company	<del> </del>	<del></del>	
			19429 Holly Lane				
			· · · · · · · · · · · · · · · · · · ·	Address	<del></del>	<del></del>	
			Lutz, FL 33548				
				City/State and Zip Code			
			Stephanie@IonracasInvesti	gations.com			
			E-mail address: (	to be used for future annual	report notification	n)	
For furthe	er inf	ormation co	ncerning this matter, please ca	all:			
Stephani	ie Sm	ith		813 63	8-9559		
	-	Name of	Person	Area Code	Daytime Telep	hone Number	
Enclosed	is a c	heck for the	e following amount:				
<b>≘ \$</b> 25.0	00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		ng Address:		Street A			
Registration Section Division of Corporations					Registration Section Division of Corporations		
		Box 6327	-		ntre of Tallah		
Tallahassee, FL 32314			L 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ionracas Investigations LLC

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/13/2012 and assigned Florida document number L12000142548

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_\_\_\_, Florida \_\_\_

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
MGR	Ryann C Roser	19429 Holly Ln. Lutz, FL 33548	■Add
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Filing Fee: \$25.00