L13000019520

(Req	uestor's Name)	,
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number;)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



500436639835

10/01/24--01009--02/ selbblu

RECEIVED

1001-1 PM 2:

CRETARY OF NE

2024 OCT -1 AM 10: 12

CORPORATE ACCESS, _

When you need ACCESS to the world



INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		PICK UP:	JENA 10/1
`	XX	CERTIFIED COPY PHOTOCOPY	
		CUS	
	XX	FILING	LLC AMEND
1.	-	IROKO, LLC (CORPORATE NAME AND DOCUMEN	T(#)
2.	_		
3.		(CORPORATE NAME AND DOCUMEN	ΓΓ#)
о.		(CORPORATE NAME AND DOCUMEN	7T #)
4.	-	(CORPORATE NAME AND DOCUMEN	TT#)
5.	-	(CORPORATE NAME AND DOCUMEN	''
6.		ACORTORATE, NAME, AND DOCUMEN	. 1 "!
.	-	(CORPORATE NAME AND DOCUMEN	(1. H)
SPEC	CIAI	LINSTRUCTIONS:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

IROKO, LLC

2024 OCT - 1 AMID- 12

(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 $\frac{2/17/2013}{}$ Florida document number _____L13000019520 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 66 W Flagler Street Enter new mailing address, if applicable: Suite 900, PMB 9816 (Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33130 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 _, Florida __ City

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</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			🗆 Remove
		·	□Change
<u></u>			□ Add
			□Remove
			🗆 Change
			□Add
			🗆 Remove
		<u> </u>	□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			Change

			
<u> </u>		<u> </u>	
	 		
			2024
		<u> </u>	2024 OCT -1 AM 10: 12
		Ŧ	T T
			量 门
			AM O
			REP. N
	. ** *		
Effective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be prior to date of filing does not meet the applicable statutory	or more than 90 days after filing filing requirements, this date	g.) Pursuant to 605.0207
	ate, but not an effective time, at 12:01 a	.m. on the earlier of: (b) T	he 90th day after the
u is meu.			
September 30	. 2024		
Dated September 30	·,	ative of a member	
Dated	nature of a member or authorized representa	ative of a member	