

L13000025868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200246151122

05/14/13--01004--014 **25.00

FILED
2013 MAY 14 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAY 15 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2013

IRENE G. VELEZ
499-6 NE SPANISH RIVER BLVD.
BOCA RATON, FL 33431

SUBJECT: IRJ NETWORKING ENTERPRISES, LLC
Ref. Number: L13000025868

We have received your document for IRJ NETWORKING ENTERPRISES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Did not receive the complete form. Missing page (1).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 813A00010148

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IRJ NETWORKING ENTERPRISES, 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:

IRENE G. VELEZ

Name of Person

IRJ NETWORKING ENTERPRISES

Firm/Company

499-6 NE SPANISH RIVER BLVD.

Address

BOCA RATON, FL 33431

City/State and Zip Code

IGRACHEL@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRENE G. VELEZ

Name of Person

at (**561**) **945-3313**

Area Code & Daytime Telephone Number

Enclosed 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**

FILED

2013 MAY 14 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IRJ NETWORKING ENTERPRISES, LLC

(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 FEBRUARY 19, 2013 and assigned Florida document number L13000025868.

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 end with 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)

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

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	IRENE G. VELEZ	385 SW 16TH ST	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated May 04, 2013.

Irene G. Velez
Signature of a member or authorized representative of a member
Irene G. Velez
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 MAY 14 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA