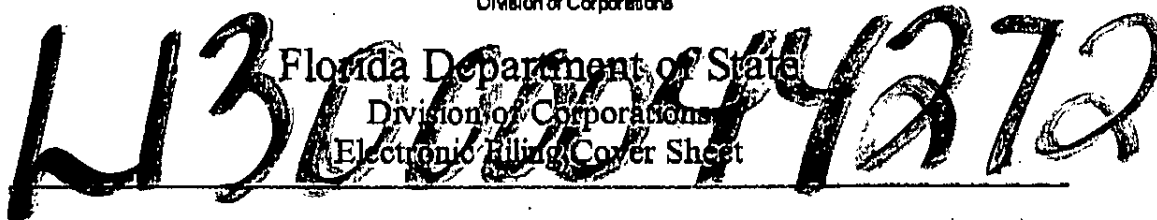


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((H13000108262 3)))



H130001082623ABCK

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TAX, ACCOUNTING AND FINANCIAL EXPERTS, INC.
Account Number : I20120000058
Phone : (305) 438-7671
Fax Number : (866) 895-8710

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: EPUKA 76@AOL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IADRE LLC**

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May 7, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

IADRE LLC
4700 SHERIDAN ST
SUITE J
HOLLYWOOD, FL 33021US

SUBJECT: IADRE LLC
REF: L13000044272

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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

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Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H13000102490
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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IADRE 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 03/25/2013 and assigned
Florida document number L13000044272.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

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 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

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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	MANUEL A PACHECO	4700 SHERIDAN ST STE J HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CRISTINA L PACHECO	4700 SHERIDAN ST STE J HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PATRICIA I PACHECO	4700 SHERIDAN ST STE J HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MANUEL A PACHECO	4700 SHERIDAN ST STE J HOLLYWOOD, FL 33021	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CRISTINA L PACHECO	4700 SHERIDAN ST STE J HOLLYWOOD, FL 33021	<input type="checkbox"/> Add <input checked="" 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 6, 2013

CRISTINA L. PACHECO

Signature of a member or authorized representative of a member

CRISTINA L PACHECO

Typed or printed name of signee

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