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SECTORIBLESSEE, FLORIDA

S. WARREN OCT 0 9 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: IRA . 16 1 C 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:
TOALMIS RAMOS-ABELENDA Name of Person
TRA-16 LC Firm/Company
13578 GREENTREE TRAIL
City/State and Zip Code Idalmist 417 @ gmail.com E-mail address: (to be used for future annum report notification)
For further information concerning this matter, please call:
Steven Samily Art Esq at (Sie) 248-9883 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee 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

IRA.	16 LLC	
(<u>Name of the Limited L</u> (A F	iability Company as it now appear lorida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liabil	ity Company were filed on	8-28-13 and assigned
Florida document number <u>L 1300012</u>		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words	"Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
	-	
D 16 11 41 11 11 11		
B. If amending the registered agent and/or in registered agent and/or the new registered office	registered office address on address here:	our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida street address
_	City	FloridaZip Code
New Registered Agent's Signature, if changing Regis	•	Zip Code
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a	ent and agree to act in this c	apacity. I further agree to comply with the
accept the obligations of my position as registere	na comprete perjormance of ed agent as provided for in C	hapter 605, F.S. Or. if this document is
being filed to merely reflect a change in the regi	stered office address, I hereb	y confirm that the limited littleility
company has been notified in writing of this char	nge.	<u> </u>
		現まず ユ
		SAR 6 LE
	If Changing Registered Ag	ent, Signature of New Registered Ment
		- LOST -
	Page 1 of 3	三型 5

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
WOB	RAMOS-ABELENDA	13578 GREENTREE TRAIL WELLINGTON, FI 33414	
			Change
MGR	REGINALDO ZALZABAL CARRIOI	13578 GREENTREE TAL	`X ∕Add
		WRLLINGTON FI 33415	
hm (0			Change
MGR	SULS ACETANDES	LISTA GREET REE TRL	,
			_ Change
			_□ ∧dd
			_□ Remove
			_□ Change
			_D Add
			_□ Remove
		S. Chr. PreY G	Change Chadd I
		FLOR	

Effective date, if other than the date of filing: (optional) (op	. –		•			
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e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated OCT 2 Signature of support or authorized representative of a member Typed or printed name of signee						_
Signature of control of a member of a memb	i an end <u>Note:</u> locum	ective date is listed, the date must be spo If the date inserted in this block do ent's effective date on the Departm ord specifies a delayed effe	ecific and cannot be prior to does not meet the applicable aent of State's records. ctive date, but not a	ate of filing or more than 90 di	ays after filing.) Pursuant to 60, nts, this date will not be lis	ted as
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Filing Fee: \$25.00