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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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FEBOB 2015 J. HARFELS



Carlos H. Galaniuk, LL.M. | Karl-Grillenberger-Str. 1 | 90402 Nuremberg | Germany

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

January 28, 2015

Irion America LLC

Dear Madams, dear Sirs,

Attached please find:

- Articles of Amendement to Articles of Organization of Irion America LLC, including cover letter
- 2. Statement of Dissociation of a Member of Irion America LLC, including cover letter
- 3. A check in the amount of \$50 as payment of filing fees for the items 1 and 2 above

Many thanks.

Kind regards,

Carlos Galaniuk

Attachments (6 pages and 1 check)

COVER LETTER

TO: Registration Sect Division of Corpo				
Irion Amer	ica LLC			
bobject.	Name of Limi	ted Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are subr	mitted for filing.		
Please return all correspond	lence concerning this matter t	to the following:		
	Carlos Galaniuk, Esc	۹.		
	Name of Person			
	Galaniuk Law			
		Firm/Company		
	Karl-Grillenberger-Str. 1			
		Address		
	90402 Nuernberg, G	ermany		
	City/State and Zip Code			
	chg@galaniuklaw.cor	n o be used for future annual report notificat	ion)	
For further information con	cerning this matter, please ca	•	,	
Carlos Galaniuk	•	305 455 8698		
Name of P	erson		lephone 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

Irion America LLC					
(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now appears on ou lability Company)	r records.)		
The Articles of Organization for this Limited Liab Florida document number <u>L13000132468</u> This amendment is submitted to amend the follow		were filed on Septem	nber 19, 2013	and assigne	d
	•	1914			
A. If amending name, enter the new name of the	<u>he limited liab</u>	uity company here:		_	•
The new name must be distinguishable and end with the wo	rds "Limited Ligh	ility Company " the decions	ution "I.I.C" or the abbre	25 V 5	
				CRET	
Enter new principal offices address, if applicab		Dinglerstr. 13	.	- 	<u>J</u>
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	63739 Aschaffen	burg	SET U	<u>-</u> '-
		Germany		mc -	2
Enter new mailing address, if applicable:		Dinglerstr. 13		STATI	? ?
(Mailing address MAY BE A POST OFFICE BO	2X)	63739 Aschaffen	burg	ילנ <u>י</u>	
		Germany			
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	ce address her		,	name of 1	the new
	11390 Pros	sperity Road, #221E			_
New Registered Office Address:	170001703	Enter Florida stre			
	Palm Beacl		, Florida <u>3341</u>	10	
		City		Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the re	and complete ered agent as	performance of my di provided for in Chapte	uties, and I am fam er 605, F.S. Or, if t	ulliar with ai this docume	nd

Page 1 of 3

TRENT GAVARO, VICE PRESIDENT

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Alonzo A Vombaur III	16501 NW 1st Street	
		Pembroke Pines, FL 33028	Remove
			□ Add
	·		
			SECRETAR POFS ALLAHASSEE.FL
			□ Add

). If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	····
(The effective	date, if other than the date of filing: (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
Dated	$\frac{1/28}{2015}$
	C. Johnne L. as light up.
	Signature of a member or authorized representative de a member
	Carlos Galaniuk, Esq., as authorized legal representative
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2015 JAN 29 PM 2: 02 SECRETARY OF STATE TALL AHASSEE, FLORID