117000171506

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	····-
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-
14 14		
		:

Office Use Only



400263436464

08/20/14--01017--001 **25.00

14 科6 27 日日 中 32

TO: Registration Section

COVER LETTER

Division of Corporations	'
irenaircelle I I	1 1

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:

Debbie Tenorio
Name of Person
irepaircells LLC
Firm/Company
1332 E Commercial Blvd
Address
Oakland Park Florida 33334
City/State and Zip Code
debbie.l.tenorio@sprint.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Debbie Tenorio 31, 561, 7141287
Name of Person Area Code Daytime Telephone Number

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

irepairceils LLC	
(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 12.11.13 Florida document number L13000171506	and assigned
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	ne 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)	
·	
3. If amending the registered agent and/or registered office address on our records, entregistered agent and/or the new registered office address here:	er the name of the n
Name of Nam Projectored Apparts	
Name of New Registered Agent:	
New Registered Office Address:	رق
Enter Florida street address	
, Florida	100 pm
City	Zip Gode
New Registered Agent's Signature, if changing Registered Agent:	. w

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGRM Burdells LLC 1332 E Commercial Blvd OAKLAND PARK, FL 33334 MGR K.R.N Investments LC 7600 Marbiehead Ln Parkland, FL 33067	
OAKLAND PARK, FL 33334 MGR K.R.N Investments 1600 Marblehead Ln	Type of Action
MGR K.R.N Investments LLC 7600 Marblehead Ln	🗆 Add
MGR K.R.N InvestmentsLLC 7600 Marblehead Ln Parkland, FL 33067	Remove
Parkland, FL 33067	- _ I
	_□ Remove
· · · · · · · · · · · · · · · · · · ·	
	□ Add
	_□ Remove
· · · ·	_ _□ Add
	_□ Remove
	_
	_□ Add
	_□ Remove

<u> </u>		
	4.	
Effective date, if other than the effective date must be specific, can the date this document is filed by the	mot be prior to date of receipt or filed date and cam	(optional) not be more than 90 days after
the date this document is filed by the F	e date of filing: not be prior to date of receipt or filed date and cand florida Department of State) 2014	(optional) not be more than 90 days after
the date this document is filed by the F	Florida Department of State)	(optional) not be more than 90 days after
Effective date, if other than the The effective date must be specific, can the date this document is filed by the Footenated July 31	Florida Department of State)	not be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00