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(Re	equestor's Name)	<del></del>
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(Ci	ty/State/Zip/Phone	· #)
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## **COVER LETTER**

TO: Registration Se Division of Cor						
SUBJECT. I&F	Transleau, LL	C				
SUBJECT:		ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Erik I. Easth	am, Attorney				
		Name of Person				
	Eastham La	w Offices				
		Firm/Company				
	138 W. Paln	netto Park Road				
	,	Address				
	Boca Raton	, Florida 33432		. 1	~	•
	emieastham@ea	City/State and Zip Code	-		2014 FEB 13	-
	. •	to be used for future annual report notific	ation)	7,5	8 -	170
For further information co	oncerning this matter, please c	all:		SAY MC		520
Erin Eastha	ım	<sub>at.</sub> 561, 395-68	300	FLOR	AM 9: 21	
` Name of	l'Person	Area Code Daytime	l'elephone Number	<b>B</b> H	24	
Enclosed is a check for the	ne 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 Fili Certificate Certified ( (additional c	e of Status		

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

I & F Transleau, LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)		
ne Articles of Organization for this Limited Liability Company were filed on February 6, 2014 and assigned orida document number L14000021347			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limited Liah	oility Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	205 S.W. 29th Avenue		
(Principal office address MUST BE A STREET ADDRESS)	Delray Beach, FL 33445	22	
Enter new mailing address, if applicable:		H A S A S A S A S A S A S A S A S A S A	
(Mailing address MAY BE A POST OFFICE BOX)			
	·	9:24. S [A] E	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		er the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida	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 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, <u>enter the title</u>, <u>name</u>, <u>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>	Address	Type of Action
			□ Add
	•		□ Remove
			☐ Add
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D.	If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	-	<del> </del>
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	(The effe	ive date, if other than the date of filing:
	Dated	February 10 2014
		TRIPPOLL
		Signature of a member or authorized representative of a member
		Erik I. Eastham, Eastham Law Offices, Registered Agent
		Typed or printed name of signee

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Filing Fee: \$25.00

2014 FEB 13 AM 9: 24
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