

L14 0000 23867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

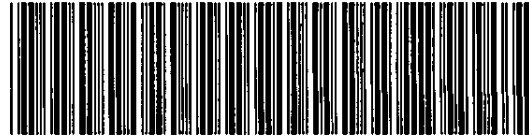
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECU
TALLAHASSEE, FLORIDA
MAR 14 2014
14/03/14 14:00:50

J. S. S. MAR 14 2014

THE LAW OFFICE OF
PAUL A. KRASKER, P.A.

501 S. FLAGLER DR. #201
WEST PALM BEACH, FL 33401
MAIN (561) 515-2930
FACSIMILE (561) 515-2939

FROM THE DESK OF KINLEY I. ENGVALSON
Direct Line: (561) 801.7321
Email: KENGVALSON@kraskerlaw.com

March 11, 2014

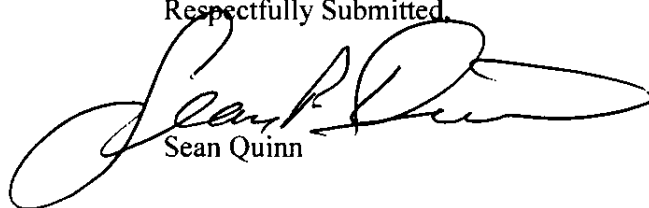
Florida Department of State
Registration Section
Divisions of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Amendment to LLC

To Whom it May Concern:

Sorry for the short notice but if you could please add these names to the LLC as soon as humanly possible it would be greatly appreciated. A major transaction is about to occur but is unable to be processed unless these names are registered with the LLC.

Respectfully Submitted,



Sean Quinn

SPQ
Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: International Resource Alliance, LLC
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:

Sabrina Bowes
Name of Person

International Resource Alliance, LLC
Firm/Company

1330 S. Seaga Drive
Address

Jupiter, Florida 33458
City/State and Zip Code

InternationalResourceAllianceLLC@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean Quinn (Law Office of Paul Akrash) at (321) 801-7944
Name of Person Area Code Daytime Telephone 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**

(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 2/12/2014 and assigned Florida document number L14000023863.

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 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)

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: _____

New Registered Office Address: _____

Enter Florida street address

City

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Robert J. Breimann	P.O. Box 2100	<input checked="" type="checkbox"/> Add
		Grundy, Virginia 24614	<input type="checkbox"/> Remove
AMBR	Jason Curcio	734 Cable Beach Lane	<input checked="" type="checkbox"/> Add
		North Palm Beach, FL	<input type="checkbox"/> Remove
		33410	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input 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.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2/11/2014, 2014.



Signature of a member or authorized representative of a member

Kinley I. Engvalson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
FEB 13 6:10:50
TALLAHASSEE, FLORIDA