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COVER LETTER

	vision of Cor C2C Busin	ess Strategies, LLC		
SUBJECT:			ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please returi	n all correspo	ndence concerning this matter	to the following:	
		James E JEnkins		
		C2C Business Strategies, L	Name of Person	
		9300 Conroy Windermere F	Firm/Company	
			Address	
		Windermere, FL 34786		
		jjenkins@c2cbusinessstrate	City/State and Zip Code gies.com	
		E-mail address: (to be used for future annual report not	tification)
For further i	information c	oncerning this matter, please ca	all:	
James Jer	nkins		407 432-3317	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
		ING ADDRESS: ration Section	STREET/COUR Registration Secti	RIER ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION **OF** C2C Business Strategies, LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida I	Cimited Liability Company)	AJIND JAKE TELOMICA
The Articles of Organization for this Limited Liability Co	mpany were filed on 04/10/2	and assigned
Florida document number L14000059033		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Irvine America MB Management LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design:	ntion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRI	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or registered		records, enter the name of the r
registered agent and/or the new registered office addre	ess nere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		, Florida
	City	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 t 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an effective Note: If th	ate, if other that date is listed, the dediction in the date inserted in effective date on	late must be specific this block does n	e and cannot be prior the app	licable statutory	g or more than 90 of filing requireme	_ (optional) days after filing.) Pur ents, this date will	suant to 605.020 not be listed a
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Filing Fee: \$25.00