L14000059033

(Requestor's Name)	
(Address)	
(Address)	
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(Business Entity Name)	
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AUG 27 2020 S. YOUNG

COVER LETTER

Division of Co		<i>,</i> ø	y n
Irvine Am	erica MB Management LLC		,
SUBJECT: <u>- / </u>	Name of Limi	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	James E Jenkins		
		Name of Person	
	IAMBM, LLC		
		Firm/Company	
	711 Saint Andrews Blvd		
		Address	
	Lady Lake, FL 31259		
		City/State and Zip Code	· · · ·
	jjenkins@c2cbusinessstrateg E-mail address: (t	gies.com to be used for future annual report not	fication)
For further information	concerning this matter, please co	all:	
James Jenkins		407 432-3317	
Name	of Person	at ()	e Telephone Number
Enclosed is a check for	the following amount:		
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed;

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		. 202
Irvine America MB Management LLC		رنت .
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on April 10, 2014	න and assigned
Florida document number 1.14000059033		5 5 5
This amendment is submitted to amend the following	าลิ:	22
A. If amending name, enter the new name of the	elimited liability company here:	
C2C Business Strategies LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
(Principal office address MUST BE A STREET A Enter new mailing address, if applicable:	DDRESS)	
•		
(Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office address had	stered office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Differ the fact So Certain Coa	
_	Florid	
	Сиу	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:	, ,		- 	
MGR = Manager AMBR = Authorized Member				

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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			□Change
			□Add
		——————————————————————————————————————	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

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te: If the date ins	her than the date of filing: ed, the date must be specific and cannot be prior erted in this block does not meet the applic date on the Department of State's records	able statutory filing requirements, the	tional) er tiling.) Pursuant to 605.020 nis date will not be listed a
	es a delayed effective date, but no fter the record is filed.	ot an effective time, at 12:01	a.m. on the earlier of
ted July 7	4 De 1020		
James E J		orized representative of a member	
		ed name of signee	

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Filing Fee: \$25.00