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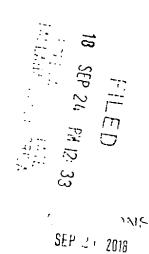
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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03/24/18--01024--018 **25.00



COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT: Icon	Name of Limi	ted Liability Company	-	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following		
	John Pa	Name of Person		<u>.</u>
	Ironwaa	Co-Lings Firm/Company	120	
	3407 Pe.	ndletan Wa	<u> </u>	
	Lound o'	Lakes F/	3463	9
-	John @ =	Znan wood Coa	chings, co	~
For further information conc	erning this matter, please ca	11:		
John Pa Name of Pe	gan ron	at (<u>941</u>) Area Code	780 - 92 Daytime Telepho	one Number
Enclosed is a check for the fe	ollowing amount:			
	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$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 Compa (A Florida Limited I	ny as it now appears on our records.) Diability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 150000 884</u> 7	were filed on
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 contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	्रिस्ट अ
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
The Mitted Control of	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	

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:

MGR = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Mike Spencer Spencer	8040 E. Decatur City Decatur Floral City, F1 34436	□ Add
	,	Floral City, F1 34436	□ Remove
			Change
AMBR	Kenny Lewis	1602 Poinsetta Ave	Add
		1602 Poinsetta Aue Ft. Myers, Fl	Remove
			Change
		. مور	□ Remove
			SB Change
) 12	Bemove
			Change
			□ Remove
			Change

_□ Remove

_□ Change

1 amending any	other information, enter	cnange(s) nere: (A	AHacn aaantonat snee	eis, ij necessar	y. <i>)</i>
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					ララマ 29
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an effective date is lote: If the date i ocument's effect	other than the date of filitelisted, the date must be specific at inserted in this block does not live date on the Department of	und cannot be prior to da t meet the applicable f State's records.	ate of filing or more than 9 statutory filing require	0 days after tiling, ments, this date) Pursuant to 605.0207 will not be listed as
The 90th day	ifies a delayed effective after the record is filed	i .			on the earlier o
ated	John Page	za member or authorized	I representative of a mem	her	
			1		
	John Page	~ ^			

Page 3 of 3

Filing Fee: \$25.00