L15000033318

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
ANASSEE, FLORIDA

MAY 2 8 2015

COVER LETTER

TO: Registration Se			
	TON ST PARTNERS LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Everett Atwell		
		Name of Person	**************************************
	IVG CF ENTERPRISES I	LC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	and the second control of the second control
	6604 CRESCENT LAKE	DR	
		Address	
	LAKELAND, FL 33813		
		City/State and Zip Code	
	eatwell@tampabay.rr.com		
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
Everett Atwell		863 607-9496 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 **ARTICLES OF ORGANIZATION OF**

WASHINGTON ST PARTNERS LLC

ASSOCIATED TO STATE OF THE PARTY OF THE PART (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	and assigned
Florida document number L15000033318	·	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	istered office address on our rec	cords, enter the name of the 1
		,
registered agent and/or the new registered office ad-		
registeren agent ann/or the new registeren office an		
registered agent and/or the new registered office ado Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida street a	ddress
Name of New Registered Agent:		
Name of New Registered Agent:	City	ddress _, Florida Zip Code

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	IVG CF ENTERPRISES LLC	6604 Crescent Lake Dr, Lakeland,	■ Add
			□ Remove
			□ Change
MGR	Everett Atwell	6604 Crescent Lake Dr, Lakeland, !	Add
			■ Remove
			☐ Change
			□ Remove
			☐ Change
····			Add
		•	Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change

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fective date, if other than the da	e of filing: May 12, 2015	(opt	ional)
in effective date is listed, the date must be	specific and cannot be prior to date of	of filing or more than 90 days after	r filing.) Pursuant to 605.020
ote: If the date inserted in this block ocument's effective date on the Department.	does not meet the applicable sta tment of State's records.	tutory filing requirements, the	is date will not be listed as
		ffactive times at 12.01	
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Page 3 of 3

Filing Fee: \$25.00