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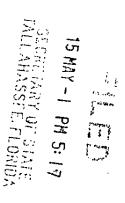
	(Requestor's Name)
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PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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COVER LETTER

. CUBIFOT.	IRONCLA	D PROJECTS LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		ALFRED LOW		,
		Name of Person		-
		Firm/Company		_
		3840 LOMBARDY ST		
		Address		-
		HOLLYWOOD, FL 33021		
		City/State and Zip Code		-
		alfie7711@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
Alfred Low		305 898.4004 at ()		
Name	of Person	Area Code Daytime	Telephone Numbe	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &



TO:

Registration Section Division of Corporations

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

IRONO	CLAD PROJECTS LLC		
(Name of the Limited Li (A Fl	ability Company as it now appears orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabili	ty Company were filed on	03/20/2015	and assigned
Florida document numberL15000045314	·		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the de	signation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		
			
B. If amending the registered agent and/or r registered agent and/or the new registered office	egistered office address on	our records, ent	er the name of the new
registered agent and/or the new registered office	auuress nere:		35 7
Nama of Naw Bagistared Agents			SO THE STREET
Name of New Registered Agent:			
New Registered Office Address:	F P1	d	<u> </u>
	Enter Flori	da street address	28 28
	Cin	, Florida	Zin Code
	i in;		(in Lode

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EIRAN OHANA	3840 LOMBARDY STREET	
		HOLLYWOOD, FL 33021	■ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
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		Remove	
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			☐ Remove
			□ Change

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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of fil nte: If the date inserted in this block does not meet the applicable statute cument's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605.02
record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier
ted APRIL 27 Ch , 2015.	
Signature of a member or authorized repres	

Page 3 of 3

Filing Fee: \$25.00