115000085167

(Re	questor's Name)	
(Ad	dress)	
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TO:

то:	Registration So Division of Cos			
SUBJEC	IonaAlice			
SUBJE	UI:		nited Liability Company	
		Amendment and fee(s) are sub	C	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Doreen Scott		
			Name of Person	
		IonaAlice LLC		
			Firm/Company	
		2107 Hammock Park Ct		
			Address	
	•	Trinity Fl. 34655		
			City/State and Zip Code	
		annalicelle@hotmail.com	13.3	· · · · · · · · · · · · · · · · · · ·
Daniel Carrella			to be used for future annual report not	ification)
		oncerning this matter, please co	all:	
Doreen :			727 505-9658 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
≅ \$25.0	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)
	Registra Divisio P.O. Bo	ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

IonaAlice LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Comparation document number 415000085167	ny were tiled on 05/13/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		35
(Principal office address MUST BE A STREET ADDRESS)		AUG
		5 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Enter new mailing address, if applicable:		Y OF S
(Mailing address MAY BE A POST OFFICE BOX)		3: 5 2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		_
	, Flori	da

Thereby 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
AMBR	Elaine Reid	2107 Hammock Park Ct.	■ Add
		Trinity FL 34655	Remove
			Change
.			
			☐ Remove
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			55 – 56
ffective date, if other than the date an effective date is listed, the date must be some. If the date inserted in this block ocument's effective date on the Department.	specific and cannot be prior to date of filing does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pur filing requirements, this date will	suant to 605,020 not be listed as
e record specifies a delayed of The 90th day after the recor	ffective date, but not an effecti I is filed.	ve time, at 12:01 a.m. on	the earlier o
Pated August 10	2018		
COLLO	nature of a member or authorized represen	tative of a member	

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Filing Fee: \$25.00