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(Re	equestor's Name)	
(Ac	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #))
PICK-UP	WAIT-	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



000276293690

08/24/15--01011--032 **25.00

SECRETARY OF STATE



AUG 25 2015 S MASON

• COVER LETTER

IJKB LLO			
JBJECT:	Name of Lim	ited Liability Company	<u>.</u>
e enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	•	
	Kenneth B. Mooney		
		Name of Person	
	IJKB LLC		
		Firm/Company	
	502 N. Spoonbill Dr		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Sarasota FL 34236		
		City/State and Zip Code	****
	jason@ohmygauze.com	to be used for future annual report notifica	ation)
or further information	concerning this matter, please ca	•	
ason castilow		941 377-6560 ext 2	02
Name	of Person		elephone Number
inclosed is a check for	the 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:

TO:

Registration Section

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

IJKB LLC				
(<u>Name of the Limited Lia</u> (A Flo	ability Company orida Limited Liab	as it now appears on or	ur records.)	
The Articles of Organization for this Limited Liabilit Florida document number	ity Company we	ere filed on 05/26/20	15	and assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liabilit	y company here:		
The new name must be distinguishable and contain the words "	"Limited Liability	Company." the designar	tion "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	: _		·	
(Principal office address MUST BE A STREET AD	DDRESS)			
	-		· -	
Enter new meiling address if applicables				
Enter new mailing address, if applicable:	-			
(Mailing address MAY BE A POST OFFICE BOX)	Δ -			
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:	_	ce address on our	records, enter	the name of the nev
Nov. Projetanod Office Address.				
New Registered Office Address:		Enter Florida str	eet address	
			, Florida	
		City	,	Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	nd complete pe ed agent as pro stered office ac	erformance of my d ovided for in Chapt	uties, and I am for er 605, F.S. Or, afirm that the lim	nmiliar with and if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered

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	Kenneth B. Mooney	502 N. Spoonbill Dr	
		Sarasota FL 34236	□ Remove
			☐ Change
MGR	Irene J. Mooney	502 N. Spoonbill Dr.	Add
		Sarasota, FL 34236	□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
		SECRETARY OF	Add Remove
	Pa	ge 2 of 3	-P

te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlief he 90th day after the record is filed.					
rective date, if other than the date of filing: officerive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 teg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste nument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the 90th day after the record is filed.					
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Filing Fee: \$25.00