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(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
,	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
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COVER LETTER

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Division of Cor			
I&F Tender SUBJECT:	rs LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jordan Seiler		
		Name of Person	
	I&F Tenders LLC		
		Firm/Company	
	6326 N Andrews Avc		18 TACK
		Address	8 E
	Fort Lauderdale, FL 33309		15 OCT 31 PM 5: 02
		City/State and Zip Code	P (1)
	jordan.seiler@theburgerfrea		<u> </u>
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notif	31 PM 5: 02
	concerning this matter, prease e		
Jordan Seiler		954 934-5901 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
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)	□ \$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

I&F Tenders		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
the Articles of Organization for this Limited Liability Company florida document number L15000108869	were filed on 6/19/2015	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6326 N Andrews Ave	→ 戸窓
Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33309	9
		= 3
Enter new mailing address, if applicable:	6326 N Andrews Ave	PA T
Mailing address MAY BE A POST OFFICE BOX	Fort Lauderdale, FL 33309	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
B. If amending the registered agent and/or registered or registered or registered agent and/or the new registered office address her		ter the name of the n
Name of New Registered Agent:		
	Enter Floridy about address	
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent:	Enter Florida street address Florida City	Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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 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	Bassam Fares	6300 N Andrews Ave	Add
		Fort Lauderdale, FL 33309	☐ Remove
			□ Change
AMBR	Sam Fares	6300 N Andrews	
		Fort Lauderdale, FL 33309	■ Remove
			COMBRE SELECTION
MGR	Mahmud Issa	6300 N Andrews Avc	<u> </u>
		Fort Lauderdale, FL 33309	□ Add PH FL
	•	· · · · · · · · · · · · · · · · · · ·	Change
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
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			Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change

1	her information, enter change(s) here: (Attach additional sheets,	
		
		
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f an effective date is liste Note: If the date inser	her than the date of filing: ed, the date must be specific and cannot be prior to date of filing or more than 90 day erted in this block does not meet the applicable statutory filing requirement date on the Department of State's records.	
e record specifies The 90th day aft	s a delayed effective date, but not an effective time, at 12 ter the record is filed.	::01 a.m. on the earlier of:
October 28th	, 2016	
	- Insim	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00