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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations			
	IONE INVESTMENTS LLC	•	→
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	LEONARDO CRUZ		
		Name of Person	
	IRON TRHONE INVEST:	MENTS LLC	
		Firm/Company	
	4781 N CONGRESS AVE	STE 267	
		Address	
	BOYNTON BEACH FL 3	3426	
		City/State and Zip Code	
	IRONTHRONELLC@GM/		
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	all:	
LEONARDO CRUZ		954 629-1564 at ()	
Name of Person		Area Code Daytime	e Telephone Number
Control in a short for	des Callangian amount		
Enclosed is a check for t			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosee)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 63.	-	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.15000204285	were filed on 12/08/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," t. e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		929 140
		5 ".!
		1 4
Enter new mailing address, if applicable:		- 1 · 1
Mailing address MAY BE A POST OFFICE BOX)		
Muning address MAT DE ATOST OFFICE BOA		59
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	Ziv Code

New Registered Agent's Signature, if changing Registered Agent:

TRON TRHONE INVESTMENTS LLC

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 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	MARCIO SANTOS	5285 Oakbourne Ave, Davenport FL 33837	= Add
			□Remove
			□Change
			🗆 Add
			,□Remove
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ctive date, if other than the d	ate of filing: e specific and cannot be prior to date of filing or more	(optional)
${f g}$. If the date inserted in this bloc	k does not meet the applicable statutory filing (requirements, this date will not be listed
iment's effective date on the Dep	artment of State's records.	
ord specifies a delayed effective filed.	late, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after
November 1st	2020	
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		• •