1600000296

Office Use Only



000285886480

05/20/16--01028--016 **30.00

STORE TARY OF STATE

5 MAY 20 PM 5: 15

MAY 2 4 2016 Y SULKER

COVER LETTER

	gistration Sec ision of Corp				
SUBJECT:	Ilea Properti	es, LLC			
SUBJECT.		Name of Limi	ited Liability Company		
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	n all correspor	ndence concerning this matter	to the following:		
		Michael CH Allen			
			Name of Person		
		Ilea Properties, LLC			
			Firm/Company		
	Address				
		Saint Petersburg, FL 33716	5		
City/State and Zip Code					
mike@ileaproperties.com					
For further	information co	E-mail address: () oncerning this matter, please ca	to be used for future annual report notificall:	cation)	
Michael C.I		······································	813 609-0728		
	Name of	Person		Telephone Number	
Enclosed is	a check for th	e following amount:			
□ \$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Ilea Properties, LLC		
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on January 14, 2016 and assign	ied
Florida document number L16000010296		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C.	."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
	第二 章	
Enter new mailing address, if applicable:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 •}
Mailing address MAY BE A POST OFFICE BOX)	\$32. 2	het.
	ਨੀ~< ਹਾਂ ਂ ਵਾਲ	*
	5. 5. 5.	}
	red office address on our records, enter the name of	the ne
egistered agent and/or the new registered office addres	s here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	

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
AMBR	Michael S. Gonzales	13442 Bellingham Drive	Add
		Tampa, FL 33625	■ Remove
			Add
			☐ Remove
			☐ Change
			□ Add
			Remove
··· ·			SEE DE Add
			☐ Change
			□ Add
			□ Remove
			□ Add
			Remove
			□ Change

		
	<u> </u>	
		<u>ත</u>
	A H A A A A A A A A A A A A A A A A A A	A .
	SS	20
	ri C	3
	III.	<u>2</u>
ective date, if other than the date of filing:	(optional)	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing e E: If the date inserted in this block does not meet the applicable statutory f	or more than 90 days after filing.) Pursua	nt to 605.02
ument's effective date on the Department of State's records.	ming requirements, and take will no	t oc nated
record specifies a delayed effective date, but not an effective he 90th day after the record is filed.	e time, at 12:01 a.m. on the	earlier
ed,		
Me Les Signiture of a member or authorized representa		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00