

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : PAUL SALVER, P.A.

Account Number : 120020000087

Fax Number

: (954)389-1333 : (954)389-1397

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IGI HOLDINGS, LLC

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K. SALY

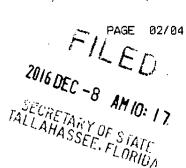
Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	IGI HOLDINGS, LL		
(Name of the Lim	ited Liability Company a (A Florida Limited Liabi	a it now appears on our records lity Company)	<u>r)</u>
The Articles of Organization for this Limited Limited Lorida document number L16000032146	Liability Company wer	re filed on 2/16/16	and assigned
This amondment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability C	Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
<u>Principal office address MUST BE A STRE</u>	<u>ETADDRESS)</u> _	· · · · · · · · · · · · · · · · · · ·	
	<u>.</u>		
Enter new mailing address, if applicable:	_		
Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of		e aduress on our records	i, enter the name of the t
Name of New Registered Agent:	SALVER & COOK, LLP		
New Registered Office Address:	2721 EXECUTIVE	PARK DRIVE, SUITE 4	
		Enter Florida street addres	
	WESTON		orida ³³³³¹
		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, gent, 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 = AMBR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Motion
AMBR	RAMPULLA, RALPH	501 SE 2ND ST., APT. 1334	- Adyles
		FT. LAUDERDALE, FL 33301	Type of Addian Addy FAST OF SAID.
			□ Change
AP	PIEDRAHITA, VANESSA	2721 EXECUTIVE PARK DRIVE	■ Add
		SUITE 4	□ Remove
		WESTON, PL 33331	Change
AMBR	GARCIA, ERICK	3759 FM 1488 RD.	Add
		SPRING, TX 77384	Remove
•			Change
AMBR	Weinberg Pinto, Jonathan A.	1524 ISLANDS BLVD.	
		AVENTURA, PL 33160	□ Remove
			Change
AMBR	Weinberg Lopez, Samuel	M. 3301 NE 183 ST.	■ Add
		APT. 2503	□ Remove
		AVENTURA, FL 33160	Change
AMBR	Urrea, Barbara	1544 Sawdust Rd.	■ Add
		Suite 501	□ Remove
		The Woodlands, TX 77380	Change

	ther information, enter chan	go(s) nere: (Anach	aaquona sneets, y	necessury.)	
					
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Note: If the date in:	ther than the date of filing: _sted, the date must be specific and can serted in this block does not meet a date on the Department of State	the applicable statute	ling or more than 90 days ory filling requirements	optional) safter filing.) Pursuant to s, this date will not bo	o 605.0207 (3)(c listed as the
ne record specifi The 90th day a	es a delayed effective date after the record is filed.	e, but not an effe	ctive time, at 12:	01 a.m. on the e	arlier of:
Dated 18	8/16				_
	Signature of a mem	befor authorized repre-	scritative of a member		_
	Vanessa	Piedral	nita	· · · · · · · · · · · · · · · · · · ·	_

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Filing Fee: \$25.00