11600069105

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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100285639881

SECRETARY OF STATES

05/12/16--01001--002 **25.00

DEPARTMENT OF CLAIM

MAY 12 2016 S. YOUNG

INC. 236 East 6th Avenue. Tallahassee, Florida 32303				
	P.O. Box 3/066 (32	WALK IN	, rax (630) 222-1000	
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]	CERTIFIED COPY			
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]	cus		- SSE	
Į	FILING	Amendment	AM IO: 02	
(0	AMERICAN A	LC L/60000	,910S R P	
(0	CORPORATE NAME AND DOCUME	NT #)		
(0	CORPORATE NAME AND DOCUME	NT #)		
((CORPORATE NAME AND DOCUME	NT#)		
	CORPORATE NAME AND DOCUME	:NT#)		

SPECIAL INSTRUCTIONS:

(CORPORATE NAME AND DOCUMENT #)

1.

2.

3.

5.

6.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IAMERICAN LLC		
(Name of the Limited	Liability Company as it now apnears on our records.) Florida Limited Liability Company)	
(A	r Piorida Limited Liability Company)	=1.5
The Articles of Organization for this Limited Liab	pility Company were filed on 04/07/2016 and assi	gried 3
Florida document number L16000069105	polity Company were filed on and assi	至图
rionda document number		
This amendment is submitted to amend the follow		- SATE
This amendment is satirfaced to afficile the follow	ving.	MOC
A. If amending name, enter the new name of t	he limited liability company here:	三四
re it amenang name, the tit her name of t	ne minted nabinet company nere.	유로
	Z	5m
The new name must be distinguishable and contain the won	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L	.C."
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET	ADDRESS)	
	11000000000	
	·	
Enter new mailing address, if applicable:		
Enter new maning address, it apputante:		
(Mailing address MAY BE A POST OFFICE BO	0X)	
		
B. If amending the registered agent and/or	registered office address on our records, enter the name of	f the nev
registered agent and/or the new registered office	<u>ce address here</u> :	
•		
Name of New Projectored Assets		
Name of New Registered Agent:		
New Registered Office Address:		
The Resident Office Addices.	Enter Florida street address	
	AMPPEN S PUR PORT SECULE SERVICES	
	, Florida	
	City Zin 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 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

Title	Name	Address	Type of Action
MGRM	JANOS VALENT	2026 TIGRIS DR	
		WEST PALM BEACH FL 33411	☐ Remove
			Change PS
MGRM	NORA SZARAZ GALAMBOS	2026 TIGRIS DR	S MAY
		WEST PALM BEACH FL 33411	Remove SCOT
			Change
			□ Add
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		erwild Million file of the damping of the control o	Add
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	*****	***************************************	D Add
			☐ Remove
			☐ Change

D. If amending any other informati	ion, enter change(s) here: (Attach additional sheets, if necessary.)	

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		Y OF STA
** · · · · · · · · · · · · · · · · · ·		<u> </u>
E. Effective date, if other than the d (If an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur ck does not meet the applicable statutory filing requirements, this date will	suant to 605.0207 (3)(b) not be listed as the
If the record specifies a delayed (b) The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on and the filed.	the earlier of:
Dated MAY 11TH	2016	
hour J	Signature of a member or authorized representative of a member	***************************************
NORA SZARAZ GALAI		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00