## L16000093706

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## **COVER LETTER**

TO: Registration So Division of Cor		i,			
IDF GROU	JPE, LLC				
		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:			
	Robert S. Walton, Esq.				
		Name of Person			
	Law Offices of Robert S. V	Valton, PL			
		Firm/Company			
	3802 W. Bay to Bay Bould	evard. Suite 11			
		Address			
	Tampa, Florida 33629				
		City/State and Zip Code			
	E-mail address: (	to be used for future annual report notifica	ition)		
For further information c	oncerning this matter, please ca	ıll:		2023 KIDN 17	-1
Robert S. Walton, Esq.		813 434-1960 at ()			esterna nu i
Name o	f Person	Area Code Daytime To	elephone Number	1 HI.	
Enclosed is a check for the	ne following amount:			F. 07 F. 22	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	ing Fee. e of Status &	
Mailing Address	is:	Street Address:			

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IDF GROUPE, LLC		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	pility Company were filed on 05/12/2016	and assigned
Florida document number L16000093706		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	<del></del>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	OX)	
-		
		_
	sistered office address on our records, enter the	name of the new register
agent and/or the new registered office address	here:	10000000000000000000000000000000000000
Name of New Registered Agent:		
New Registered Office Address:		語畫
	Enter Florida street address	
	, Florid	a
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EAST 1415, LLC	1803 E. POWHATEN AVENUE	■Add
		TAMPA, FLORIDA 33610	□Remove
			Change
			□Add
		<del>.</del>	□Remove
			□Change
			□Remove
		<del></del>	7223dd 77
		·	□ Remove
			—————————————————————————————————————
******			<b></b>
			□Change
			□ Add
			□Remove
			□ Change

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(If an el Note:	tive date, if other than the date of filing:  [10/03/2023]  (optional)  Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(I)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
f the reco ecord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	November 10 . 2023 .  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Robert S. Walton
	Typed or printed name of signee

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