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(Re	questor's Name)	
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COVER LETTER

	ration Secti on of Corpo		·								
SUBJECT:	ISR PLAN	TATION LLC									
		Name of Limi	ted Liability Company								
		nendment and fee(s) are subrence concerning this matter t									
	. • • • • • • • • • • • • • • • • • • •										
			GERALD MILLER	<u> </u>							
Name of Person											
INTERNETSALESRESULTS.COM											
Firm/Company											
		2754 1	N. UNIVERSITY DR.	····							
Address											
CORAL SPRINGS, FL 33065											
City/State and Zip Code											
	SABRINA@INTERNETSALESRESULTS.COM E-mail address: (to be used for future annual report notification)										
For further info	rmation con	cerning this matter, please ca	ıll:								
GERALD M	IILLER		954 465-8388 at ()								
	Name of P	erson	Area Code Daytime	Telephone Number							
Enclosed is a ch	neck for the	following amount:									
■ \$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, 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

ISR PLANTATION LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compantification for the Limited Liability Compantification of the Liability Compantif	y were filed onJune	6, 2016	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designa	ntion "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			cm cm
(Principal office address MUST BE A STREET ADDRESS)			
		为至	
		光 子	_ m
Enter new mailing address, if applicable:			> D
Mailing address MAY BE A POST OFFICE BOX)		OR	, A
		D '	' W
		ئە:	
B. If amending the registered agent and/or registered of		records, enter th	e name of the
registered agent and/or the new registered office address he	<u>re</u> :		
N. CN. B. S. LA			
Name of New Registered Agent:			
New Registered Office Address:	F Florida		
	Enter Florida sti	rees adaress	
	City	, Florida	Zip Code
	City		гір Соае

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>	<u>Address</u>	Type of Action
MGR	1st Working Capital Group Inc.	11063 N.W. 18th Place	Add
		Plantation, FL. 33322 US	☐ Remove
		Please remove comma in Name, as this is the correct legal name.	☐ Change
			Add
			Remove
			Change
			□ Add
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	90th day a										,	-	. = 		-··		
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	If the date in ent's effectiv								tatutor	y filing	requir	ement	s, this	date w	ill no	t be lis	ited as
an effe	ve date, if o	sted, the	date mu	st be sp	ecific an	d canno	ot be pr	ior to dat	e of filin	ig or mo	re than	90 day	(optio i s after f	iling.) l	Pursua	ınt to 60	5.0207
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