L16000120967

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
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COVER LETTER

TO: Registration Sect Division of Corpo		,	
IAGCAS, LI	.c		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Sandra Z. Green		
		Name of Person	····
	JONATHAN H. GREEN	& ASSOCIATES, P.A.	
		Firm/Company	
	800 Brickell Avenue Suite	1400	
		Address	
	Miami, Florida 33131		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifical	ion)
For further information cor	ncerning this matter, please ca	all:	
Sandra Z. Green		305 372-5100 at ()	m or fine
Name of i		Area Code Daytime Te	elephone Number
■ \$25.00 Filing 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

IAGCAS, LLC			
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)		·
he Articles of Organization for this Limited Liability C	Company were filed on 06/23/2016	8	and assigned
orida document number L16000120967	 -		
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the lim	nited liability company here:		
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	the abbrevia	tion "L.L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDI	RESS)		
	-		
Inter new mailing address, if applicable:			
,	· · · · · · · · · · · · · · · · · · ·		
Mailing address MAY BE A POST OFFICE BOX)			
			
If amending the registered agent and/or registered agent and/or the new registered office add		nter the	name of the
egistered agent and/or the new registered office add	ness nere.		**********
	حدث حدث	15 P	- Table
Name of New Registered Agent:	<u> </u>		i ese (o e ese M
New Registered Office Address:	():	•	
The Hegistered Childer Hadress.	Enter Florida street address	r	المسيدة
	•	Æ	
	, Floric	_	

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	Brian Cooper	6929 NW 46TH STREET	
		MIAMI, FL 33166	□ Remove
			□ Change
			Add
			□ Remove
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record specifies a delayed	effective	a data hi	it not an	offor+	ve time	at 12.0	11 a m	on the	e earlier
The 90th day after the reco			ic not all	CHECK	ve ume,	ut 12.0	, T (1) (1)	. OH UR	- carner
Contambou 12		2016			/0				
september 13		2016		_//	<u> </u>				
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Typed or printed name of signee

Filing Fee: \$25.00