LU000/44328

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

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SECRETARY OF SIATE

D. BRUCE JUN 0 9 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2017

PATRICIA GANEY 6104 RIVER TERRACE TAMPA, FL 33604-6554

SUBJECT: IREDELLIA, LLC Ref. Number: L16000144328

We have received your document for IREDELLIA, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$55.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 917A00009758

2017 JUN -8 P 5: C

www.sunbiz.org

COVER LETTER

SUBJECT:	Iredellia LL	С				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Patricia Ganey				
		 	Name of Person			
Iredellia LLC						
		Firm/Company				
		6104 River Terrace				
		Address				
		Tampa, FL 33604-6554		TALI	7017	
		tishganey@gmail.com	City/State and Zip Code	CRETA AHAS		<u> </u>
For further in	nformation co	E-mail address: (to be used for future annual report notificationall:	SSEE, FL	& □	П
Patricia Gan	ey		678 772-7912 at ()	ORIO.	ž: 0	
	Name of	f Person		ephone Number	—	t. .
Enclosed is	a check for th	ne following amount:				
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate Certified Conditional condi	of Status opy	

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

Iredellia LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on August 2, 2016	and assigned
Florida document number L16000144328		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRE.	<u> </u>	
		SEE SEE
		ARE THE THE
Enter new mailing address, if applicable:		ASSET -
(Mailing address MAY BE A POST OFFICE BOX)		mo Th
		RIDE
B. If amending the registered agent and/or register	red office address on our records, <u>e</u>	nter the name of the ne
registered agent and/or the new registered office addre	<u>ss nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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 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
AMBR	Nova Belote	197 Savannah Street SE, Atlanta, G	
			Remove
			Change
AMBR	Milisa Ganey	3806 Loch Highland Parkway, Ros	Add
			□ Remove
			Change
AMBR	Margaret Ganey	6104 River Terrace, Tampa, FL 336	■ Add
			□ Remove
			Change
AMBR	Camille Ganey	300 Martin Luther King Jr Drive SI	AAAA AAA
			To Remewe
			Sinch Change
MGR	Timothy Ganey	6104 River Terrace, Tampa, FL 336	Add
			Remove
			■ Change
MGR	Timothy Ganey	6104 River Terrace, Tampa, FL 336	Add
			□ Remove
			■ Change

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			STATE	80 - ਨਾ	_O
Effective date, if other than t	he date of filing:		optional)		
	nust be specific and cannot be prior to date of block does not meet the applicable stat Department of State's records.				
he record specifies a delay The 90th day after the r	red effective date, but not an ef ecord is filed.	fective time, at 12:	01 a.m. on	the ea	rlier of:
Dated May 9	, 2017				
Patrici	Signature of a member or authorized rep	presentative of a member			,
Patricia Ganey					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00