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COVER LETTER

TO:	Registration Sectorial Division of Corp		•	#a
		of business: TRES, LLC		
SUBJI	:CV:	Name of Limited	Hiability Company	_
The en	closed Articles of A	mendment and fee(s) are submi	tted for filing.	٠
Please	return all correspon	dence concerning this matter to	the following:	•
		Yvonne Biederman		
			Name of Person	-
		IRES, LLC		
			Firm/Company	
		4516 NW 43 Ter		
			Address	
		Tamarac, FL 33319		
			City/State and Zip Code	
		immediaterealestatesolutions(@gmail.com be used for future annual report notification)	
For fu	rther information co	E-mail address: (to oncerning this matter, please call		
Yvon	ne Biederman		954 541-2020 at()	•
	Name of	Person	Area Code Daytime Telephone ?	Sumber
Enclo	sed is a check for th	e following amount:		
□ \$1	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Co	0.00 Filing Fee. ertificate of Status & ertified Copy (ditional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF.

IRES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/4/2016}{1}$ Florida document number __L16000184920 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: IRES Nationwide Capital, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LAC" or the abbreviation "LAC," same as old Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) same as old Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City

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 Address Type of Action <u>Title</u> <u>Name</u> □ Add □ Remove ☐ Change □ Remove ☐ Change □ Add _□ Remove _□ Change ☐ Remove _□ Change _D Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change

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(If an of) Note:	If the date inserted in this bloc	e specific and cannot be pr k does not meet the app	or to date of filing or more than 90 days after filin icable statutory filing requirements, this dat	g.) Pursuant to 605.0207
aocum	nent's effective date on the Dep	artiment of State's recor	is.	
	cord specifies a delayed e 90th day after the recor		 not an effective time, at 12:01 a.m 	. on the earlier of
Dated	May 24th	2019		
Dated		· 10 ·	 	
	- Ju	mny Dre	der man	
	()		thorized representative of a member	
	Yvonne Biederman, mana	ger		

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Filing Fee: \$25.00