L1700000 9517

(Re	equestor's Name)	
(Ad	ldress)	
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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Û4/23/20--01023--003 **25.00



COVER LETTER

Registration Section
Division of Corporations

TO:

ASOTECM SUBJECT:	IAR D.A 8 LLC						
SUBJECT.	Name of Lim	ited Liability Company					
The enclosed Articles of	The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspo	ondence concerning this matter	to the following:					
	LUIS R. SMITH						
		Name of Person					
	TAXES USA						
		Firm/Company					
	11402 NW 41ST ST SUIT	E 211					
		Address					
	DORAL , FL. 33178						
		City/State and Zip Code					
	INFO@TAXESUSAMIAN						
	E-mail address: (to be used for future annual report no	tification)				
For further information of	oncerning this matter, please c	all:					
LUIS R SMITH		305 470-2429 at ()					
Name o	f Person		ne Telephone Number				
Enclosed is a check for t	he following amount:						
■ \$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 : Division of O P.O. Box 632	Section Corporations 27	Street Address: Registration So Division of Co The Centre of	orporations Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

company has been notified in writing of this change.

(Name of the Limited Li	iability Compar	ny as it now appe	ars on our r	ecords.)		
(Name of the Limited Li (A Fl	lorida Limited L	liability Company)	 /		
The Articles of Organization for this Limited Liabili Florida document number L17000009517	ity Company	were filed on <u></u>)1/11/2017	- - ·	and assig	gned
This amendment is submitted to amend the following	ıg:					
A. If amending name, enter the new name of the	limited liabi	lity company	<u>here</u> :			
The new name must be distinguishable and contain the words	"Limited Liabili	ity Company," the	e designation	"LLC" or the abbr	eviation "L.L.	.C."
Enter new principal offices address, if applicable	:					
(Principal office address MUST BE A STREET AL	DDRESS)				282	
					Ø A	55 55 55 55 55 55 55 55 55 55 55 55 55
					γ	27
T					23	727
Enter new mailing address, if applicable:					<u>Da</u>	
(Mailing address MAY BE A POST OFFICE BOX	<u>0</u>					<u></u>
						
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ddress on our	records, <u>e</u>	nter the name	of the new	register
Name of New Registered Agent:						
New Registered Office Address:						
New Registered Office Address.		Enter F	lorida street d	address		
_				_, Florida		
		City			Zip Code	
New Registered Agent's Signature, if changing Regis	tered Agent:					
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis	nd complete ed agent as p	performance (provided for in	of my dutie Chapter (es, and I am fa. 505, F.S. Or, ij	miliar with this docun	and nent is

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 addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARIA D. MARTINEZ	8850 NW 36TH ST APT 2320	≣Add
		DORAL, FL. 33178	□Remove
			Change
			□Remove
			Change
		⊡Remove	
			□ Change
			□Add
			□Remove
			Change
		□Add	
		□Remove	
		Change	
	·	□Remove	
			□ Change

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130 AURIL 1. 34 A M 113/6 /	DANUEL G. MARTINEZ	DANIEL C. MARTINEZ	

Filing Fee: \$25.00