## 117000058234

Office Use Only



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**S Warren** APR 11 2017

## **COVER LETTER**

TO:	Registration Sec Division of Corp					
CHIDIE	B & B CON	IDOS, LLC				
Name of Limited Liability Company						
The end	closed Articles of A	Amendment and fee(s) are subn	nitted for filing.			
Please 1	eturn all correspor	ndence concerning this matter to	o the following:			
		BYRON RIVADENEIRA				
		•	Name of Person			
		IRA FINANCIAL GROUP				
		•	Firm/Company			
		1688 MERIDIAN AVENU	E, SUITE 504			
			Address	· · · · · · · · · · · ·		
		MIAMI BEACH, FL 33139	9			
			City/State and Zip Code			
		LLC@IRAFINANCIALGRO	· · - <del>-</del> · · ·			
_ ^			be used for future annual report notifica	tion)		
For furt	her information co	ncerning this matter, please cal	ll:			
BYRO	N RIVADENEIRA	1	305 330-1525			
	Name of	Person	at () Area Code Daytime To	elephone Number		
Enclose	d is a check for the	e 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 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**

(None of the Visited Visites Conse		
(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000058234	y were filed on March 14, 2017 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	IRA FINANCIAL GROUP	
Principal office address MUST BE A STREET ADDRESS)	1688 MERIDIAN AVENUE, SUITE 504	
	MIAMI BEACH, FL 33139	
Enter new mailing address, if applicable:	2953 BEERIDGERD	
Mailing address MAY BE A POST OFFICE BOX)	SARASOTA, FL. US 34239	
registered agent and/or the new registered office address her		
egistered agent and/or the new registered office address her  Name of New Registered Agent:		
egistered agent and/or the new registered office address her		
	re:	

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

Page 1 of 3

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	SUSAN M. BRADLEY	5855 MIDNIGHT PASS RD, #733	🗀 Add
		SARASOTA, FL. 34242 US	☐ Remove
			Change
MGR	VINCENT J. BATYR	27 N. BROADWAY	
		TARRYTOWN, NY. 10591 US	Remove
			🗹 Change
			Add
		<del> </del>	☐ Remove
			☐ Change
		·	□ Remove
			Change
	-	<del>-</del>	
			□ Remove
			☐ Change
			Remove 3: Change
			Change

	RIDGERD, SARASOTA, FL 34239	
		<del></del>
ctive date, if other than the date o	f filing:	(optional)
effective date is listed, the date must be spece:  If the date inserted in this block doe	sific and cannot be prior to date of filing or more than is not meet the applicable statutory filing requi	1 90 days after filing.) Pursuant to 605.0 frements, this date will not be listed
<u> </u>	ent of State's records.	
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