17000095584

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Milk	3	

Office Use Only



100432813271

07/11/24--01046--011 **60.00



COVER LETTER

TO: Registration Section Division of Corp			
SUBJECT:	IREN	110	
	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	IREN	IA PRIBIL Name of Person	
		Name of Person	
) 6	REN LLC	
		Firm/Company	
	1311 W.	WEBSITER AVE	
		Address	
	WINTER	PARK FL City/State and Zip Code	32789
		·	
	E-mail address: (t	JK & 240 GNA12. Co	tification)
For further information co	ncerning this matter, please ca	all:	
IRENA	PRIBIL	at (407) 82	1 6431
Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IRE.	N LLC			
(Name of the Limite	d Liability Compan A Florida Limited L	y as it now appears on lability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number	ability Company v	were filed on	y 1, 201	and assigned
This amendment is submitted to amend the follo	wing:			<u></u>
A. If amending name, enter the new name of				 ن س
The new name must be distinguishable and contain the we	ords "Limited Liabili	ity Company," the design	nation "LLC" or the	: abbreviation "اچالی.C."
Enter new principal offices address, if applica		1311 W. WINTER	WEBSTER PARK H	AVE CL. 32789
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	1311 W G	NEBSTER PARK , FL	2 AVE 1 32789
B. If amending the registered agent and/or reagent and/or the new registered office address	_	ddress on our reco	rds, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	IREN	4 PRIBIL WWBBSTE Enter Florida	<u>-</u>	
New Registered Office Address:	1311	W NEBSIE	R AVE	
	WINTER	Enter Florida : PARK City	street address Florida	3 2 7 8 9 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>	Address	Type of Action
MGR	IRENA PRIBIL	1311 W WEBSTER AVE	Ž Add
		WINTER PARK, FL 32789) □Remove
			□Change
MGR STEFAN PRIBIL	STEFAN PRIBIL	1311 W. WEBSTER AVE	□Add
		WINTER PARK FL 32789	K Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ei <u>Note:</u>	tive date, if other than the date of filing: [Coptional] [Coptional]
f the record is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	June 27 , 2024.
	Palma Pribil
	Signature of a member or authorized representative of a member
	IRENA PRIBIL
	Typed or printed name of signee

Filing Fee: \$25.00