### Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARVEN CONSULTING LLC

Account Number : I20170000073

Phone : (954) 552-4644 Fax Number

: (954)552-4644

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **IVORY HOLDINGS LLC**

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K. SALY OCT -3 2017 From 8882731503 1.888.273.1503 Mon Oct 2 14:13:27 2017 MDT Page 3 of 5

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



IVORY HOLDINGS LLC	12. 1	
(Name of the Limited Liah (A Flori	lity Company as it now appears on our records da Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Florida document number L17000101072	Company were filed on <u>05/08/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
IVORY CONSULTING LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	•
	, Flo	orida
_ <del>_</del>	City	Ztp 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
AMBR	TAMAS ATTILA GYORGY	3030 N. ROCKY POINT DR	■ Add
		STE 150	□ Remove
		TAMPA, FL 33607	☐ Change
AMBR	CSABA LASZLO RUSZNYAK	3030 N. ROCKY POINT DR	<b>■</b> Add
		STE 150	☐ Remove
		TAMPA, FL 33607	☐ Change
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If the date inserted in this bloc nent's effective date on the Dep	effective date, but n		at 12:01 a.m. on	the earlier of:
If the date inserted in this blochem's effective date on the Dep cord specifies a delayed of e 90th day after the recor	effective date, but n		at 12:01 a.m. on	the earlier of:
If the date inserted in this blochem's effective date on the Dep cord specifies a delayed of e 90th day after the recor	effective date, but n d is filed.		at 12:01 a.m. on	the earlier of:
If the date inserted in this bloc nent's effective date on the Dep cord specifies a delayed e	effective date, but n d is filed.		at 12:01 a.m. on	the earlier of:
If the date inserted in this blochem's effective date on the Depletine specifies a delayed at 90th day after the recor	effective date, but n d is filed.		,	the earlier of:

Page 3 of 3

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