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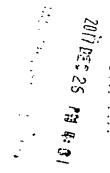
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S. WARREN DEC 27 2017

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: IDR Document Preparation LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Cromer Name of Person
Name of Person
IDA Downert Preparation LLC
5402 Monterra Club Drive
Address
Lake Worth, FL, 33463
info & idrdownent preparation. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Cramer  at (203), 733-2293  Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee \$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

	Preparation LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)		
	pany were filed on 07/03/2017 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	671 NE 42nd st.		
(Principal office address MUST BE A STREET ADDRES.	Suite 401 Pempano Beach, FL, 330		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:	ed office address on our records, enter the name of the ne s here:		
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent's	gent:		
provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agen	l agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and t as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability in P		
Ī	f Changing Registered Agent, Signature of New Registered Agent		

If amending	f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being removed from our records:			
MGR = M AMBR = A	R = Manager BR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action	
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			☐ Change	
			Add	
			☐ Remove	
			☐ Change	
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			26	
			Remove	
			☐ Change	

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Tective date, if other than the date of filing:	ptional) after filing ) Pursuant to 605.
If the date inserted in this block does not meet the applicable statutory filing requirements.	this date will not be fiste
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:0	)1 a.m. on the earlie
The 90th day after the record is filed.	
/ / –	
$\frac{12}{20} \frac{17}{17}$	; <del>-</del> };; - <del>-</del> }
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7- /-	
Signature of a member or authorized representative of a member  Michael Craher  Typed or printed name of signee	0 26 I

Page 3 of 3

Filing Fee: \$25.00