

L17000165657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

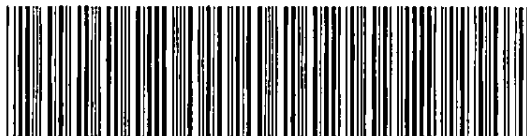
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2024 JUL 23 AM 10:55

TALLAHASSEE, FLORIDA

RECEIVED

2024 JUL 23 AM 11:27

TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 07/23/24
Order #: 1571420-1
Re: IFSS Services, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:
120000000195

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the account number.

Please take the following action:
File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

IFSS Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2024 JUL 23 AM 10:55

The Articles of Organization for this Limited Liability Company were filed on August 3, 2017
Florida document number L17000165657

TALLAHASSEE, FLORIDA
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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida street address

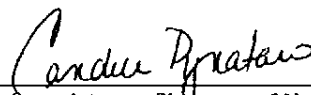
Plantation, Florida 33324

City

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
Candice Pignataro, Assistant Secretary

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>	<u>Type of Action</u>
MGRM	Justin Peterson	1970 Dana Dr	<input type="checkbox"/> Add
		Fort Myers, FL 33907	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Treasurer	Sandy Furguson	1970 Dana Dr	<input type="checkbox"/> Add
		Fort Myers, FL 33907	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Operating Officer	David Southwick	1970 Dana Dr	<input type="checkbox"/> Add
		Fort Myers, FL 33907	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	John Peterson	1970 Dana Dr	<input type="checkbox"/> Add
		Fort Myers, FL 33907	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
General Counsel	Ellen Poole	200 King Street West	<input checked="" type="checkbox"/> Add
		PO Box 57, Suite 1701	<input type="checkbox"/> Remove
		Toronto, ON M5H 3T4	<input type="checkbox"/> Change
Vice President, Operations	Michael Vielchr	1970 Dana Dr., Suite 1	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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>	<u>Type of Action</u>
MGR	Alexander Stretton	200 King Street West	<input checked="" type="checkbox"/> Add
		PO Box 57, Suite 1701	<input type="checkbox"/> Remove
		Toronto, ON M5H 3T4	<input type="checkbox"/> Change
MGR	Joshua Kochen	200 King Street West	<input checked="" type="checkbox"/> Add
		PO Box 57, Suite 1701	<input type="checkbox"/> Remove
		Toronto, ON M5H 3T4	<input type="checkbox"/> Change
MGR, CEO, Assistant Secretary	Richard Ennis	200 King Street West	<input checked="" type="checkbox"/> Add
		PO Box 57, Suite 1701	<input type="checkbox"/> Remove
		Toronto, ON M5H 3T4	<input type="checkbox"/> Change
Director of Operations	Justin Peterson	1970 Dana Dr., Suite 1	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2024 JUL 23 AM 10:55
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 16 2024

Ellen Poole

Signature of a member or authorized representative of a member

Ellen Poole

Typed or printed name of signee