L17000172635

(Re	equestor's Name)	_
(Ad	ldress)	.,
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration S Division of Co			.
		IRC COMMERCIAL	LENDING, LLC	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	iclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			Sonia Becerra Name of Person	
			0 8 5 7 1 1 1 0	
			Swyft Filings, LLC Firm/Company	
		10	• •	0
			605 East Freeway, Suite 54	· · · · · · · · · · · · · · · · · · ·
			Address	
			Houston, Texas 77015	
			City/State and Zip Code	
			filings@swyftfilings.com to be used for future annual report not	ification)
ùı	rther information	concerning this matter, please c	·	
_	Sonia E	Becerra	at (877) 777-04	450
	Name (of Person		ne Telephone Number
	ed is a check for t	he following amount:		
	5.00 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)
	Regist Divisio P.O. B	JING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IRC COMMERCIAL LENDING, LLC

	08/14/2017	, . ,
The Articles of Organization for this Limited Liability Company were filed on Florida document numberL17000172635		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company," the des	signation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		
nter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
tailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office address on of istered agent and/or the new registered office address here:	our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	red office address on our records, enter the name of sis here: Enter Florida street address Florida City Zip Code	
New Registered Office Address: Enter Florid	la street address	
Enter Floria		
Enter Floria City		Zip Code
Enter Floria		Zip Code

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>	<u>Address</u>	Type of Action
AMBR	HARRISON, KATHIE A	117 SALAZAR LANE	
		SEBASTIAN, FL 32958	Remove
			☐ Change
			□ Remove
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
		 	☐ Change
			Add
			□ Remove
			- 236 81
			- 7dd AM I on overling the control of the control o
			SIAFE ORATIONS III Rémove III C
			□ Change

	 	
	New Control	
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	2	
ffective date, if other than the date of filling: 11/28/2018 an effective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 date. If the date inserted in this block does not meet the applicable statutory filling requirement occument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed.	:01 a.m. on the earlie	er (
pated Nov. 28		
\mathcal{L}		
Johnan Hanner Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00