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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
IROC Heal	th and Safety, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Sergie A. Albino		
		Name of Person	
	IROC Health and Safety, L	LLC	
		Firm/Company	
	309 Cranes Roost Blvd Su	ite 2000	
		Address	
	Altamonte Springs, FL 32	701	
		City/State and Zip Code	
	serg@irocdecon.com or ser		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Sergie A. Albino		321 385-7374	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cor	rporations
P.O. Box 632	7	The Centre of T	Callahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

IROC Health and Safety, LLC (Name of the Limited Liability Company as it now appears on our records.)

(A conta familia	o manny Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on April 19, 2024	and assigned
Florida document number L17000175171		122
This amendment is submitted to amend the following:		2024 JUN 2
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia"	hility Company " the decimation of I	The same of the sa
The new fame mass the distinguishable and contain the words. Trainied that	omy Company, the designation th	or the annevation of the
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u>/</u>	
Enter new mailing address-if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	e address on our records, <u>entc</u>	er the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addr	ess
		Florida
	City:	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
1 h m h m m m d m m m m m m m m m m m m m	and the state of t	Court on many to make the

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 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	Sergie A. Albino	309 Cranes Roost Blvd, Ste 2000, Altmonte Springs	FI. □Add
			□Remove
			= Change
MGR	Raphael I. Doromal	309 Cranes Roost Blvd, Ste 2000, Altmonte Springs	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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(If an efl Note:	ive date, if other than the date of filing: April 19, 2024 (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
	d 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 led.
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Filing Fee: \$25.00