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COVER LETTER

er.	IVES BUS	SINESS CENTER, LLC			
SUBJECT:					
Th	e enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Ple	ease return all correspo	ndence concerning this matter	to the following:		
		GUY D. SPERDUTO			
		GUY D. SPERDUTO, CPA	Name of Person		
		8963 STIRLING ROAD, S	Firm/Company UITE 101		
		COOPER CITY, FLORID.	Address A 33328		
		gsperduto@accountinglinku			
			to be used for future annual report notifi	cation)	
	or further information curve UY D. SPERDUTO	oncerning this matter, please ca	1H: 954 432-0272		
_	Name o	f Person	at ()	Telephone Number	
Er	nclosed is a check for th	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 ADDRESS:

Registration Section Division of Corporations

TO:

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

(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our reco liability Company)	rds.)
The Articles of Organization for this Limited Liability Company vi Florida document number L17000182660	were filed on08/28/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	2019 SE
(Principal office address MUST BE A STREET ADDRESS)		JUL 29
Enter new mailing address, if applicable:	NA	ASSEE.
(Mailing address MAY BE A POST OFFICE BOX)	·	#E 3
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

IVES BUSINESS CENTER LLC

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.

N/H

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
AR	Geraldine Moore	8963 Stirling Road, Suite 101, Cooper City, FL. 33328	_ ■ Add
			□ Remove
			Change
			Remove
			☐ Change
 -			
			Remove
			Change
			Add
			□ Remove
			Change
			
		🗆 Remove	
			Change
			Add
			Remove
			☐ Change

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\mathcal{N}/\mathcal{A}
E. Effective date, if other than the date of filing:
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.
(b) The John day arter the record is filed.
Dated
Signature of a member of authorized representative of a member
Guy D. Sperduto
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00