17000184404

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PICK-UP	TIAW [MAIL
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Special Instructions to	Eiling Officer	
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	Office Use On	ly

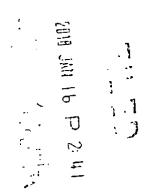


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COVER LETTER

O: Registration Section **Division of Corporations** FLATWOODS FOREST, LLC UBJECT: Name of Limited Liability Company he enclosed Articles of lease return all correspo

he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
lease return all correspo	ndence concerning this matter	to the following:			
	JOHN SURVIL				
		Name of Person			
		Firm/Company			
	1620 E HICKORY HILL	RD			
		Address			
	ARGYLE, TX 76226				
		City/State and Zip Code			
	JOHNANDCINDYSURVE	L@YAHOO,COM	. 1	. 2	
	E-mail address: (to be used for future annual report no	otification)	المستنة المستنة	1.
or further information e	oncerning this matter, please ea	all:		2018 JAN 16	
HANNON WIDMAN		850 622-0102		ر ا	} •
Name of	f Person		me Telephone Number		٠,
iclosed 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	□ \$60.00 Filing Certificate c	,	

(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
ne Articles of Organization for this Limited Liability Comporida document number $\frac{L17000184404}{L17000184404}$.	pany were filed on 8/29/2017	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
IARESEA, LLC		
ie new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
nter new mailing address, if applicable: <u>Iailing address MAY BE A POST OFFICE BOX</u>)		77. 13. 1 13. 1
If amending the registered agent and/or registere gistered agent and/or the new registered office address	d office address on our records, <u>e</u> r	<u> </u>
Name of New Registered Agent:		3. E
New Registered Office Address:	Enter Florida street address	
-	, Florid	aZip Code

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

FLATWOODS FOREST, LLC

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability upany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

1GR'=	Mahager	
MBR =	Authorized	Member

<u>"itle</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			☐ Change
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ective date, if other than the	1 4 4'4"1"		ntionally =
effective date is listed, the date mus	it be specific and cannot be prior to dock does not meet the applicable	ate of filing or more than 90 days a	aptional):: after filing.) Pursuant to 605.02 this date will not be listed:
record specifies a delayed ne 90th day after the rec	d effective date, but not a ord is filed.	n effective time, at 12:0)1 a.m. on the earlier
	1 / 2018		
ed JANUARY 8	. 2018		
ed JANUARY 8	Signature of a member or authorize	d representative of a member	

Page 3 of 3

Filing Fee: \$25.00