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(Requestor's Name)	_
(Address)	
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(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
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T. MATTHEWS DEC 2 2 2021

COVER LETTER

Division of Co			
IGR ASSE	T MANAGEMENT, LLC	ŧ ,	
SUBJECT:			·
	Name of Lin	nited Liability Company	
		i va an	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ROGER A. MENDOZA		
		Name of Person	
	IGR ASSET MANAGEM	ENT, LLC	
		Firm/Company	
	18495 S DIXIE HWY, #25	51.	
		Address	
	CUTLER BAY, FL 33157		
	VIPJGR,ROGERMENDO2	City/State and Zip Code ZA@OUTLOOK.COM	
	E-mail address: (to be used for future annual report not	itication)
For further information c	oncerning this matter, please c	all:	
ROGER MENDOZA		786 3652943	
Name o	f Person	at ()	ne Telephone Number
Name o	T Crown	Wea Code Daytin	te retephone Number
Enclosed 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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	-	The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IGR ASSET MANAGEMENT, LLC

company has been notified in writing of this change.

21 670 11 811 3:21

(Name of the Limited Liekilley Company)		<u></u>
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabil	lity Company)	
The Articles of Organization for this Limited Liability Company wer Florida document number	re filed on ;	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 C	ompany," the designation "LLC" or the abbrevia	tion "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 addragent and/or the new registered office address here:	ess on our records, <u>enter the name of t</u>	he new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zi _l) Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perf accept the obligations of my position as registered agent as provi	formance of my duties, and I am famili	ar with and

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MBR	ROGER A. MENDOZA	17321 SW 93 AVE, PALMETTO BAY, FL 33157	□Add
			□Remove
			\(\sqrt{Change}\)
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Add
			□ Remove
			Change

	
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lf an ef: <u>Note:</u>	ive date, if other than the date of filing:
e recor rd is fi	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,
Jated	12/10/21
	Signature of a frequency of authorized representative of a member Kover Hudozd