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COVER LETTER

TO: Registration Section Division of Corporations IGR ASSET MANAGEMENT, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ROGER A. MENDOZA Name of Person Firm/Company Address 18495 \$ Dixie Hwy, #151, Cutler Bay Florida 33157 City/State and Zip Code roger@interglobalresources.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Roger A. Mendoza 786 3652943 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **₹** \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IGR ASSET MANAGEMENT, LLC

<u> </u>	me of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.)	
The Articles of Organization for Florida document number	this Limited Liability Company were file	ed on	and assigned
This amendment is submitted to	mend the following:		
A. If amending name, enter th	new name of the limited liability com	pany here:	
INTER GLOBAL RESOURCES A	SSET MANAGEMENT, LLC		
The new name must be distinguishable	and contain the words "Limited Liability Compa	ny." the designation "LLC" or the abl	previation "L.L, C."
Enter new principal offices add	ress, if applicable:		202/ S⊞
(Principal office address MUST	BE A STREET ADDRESS)		
Enter new mailing address, if a (Mailing address MAY BE A PC) B. If amending the registered a agent and/or the new registered Name of New Registered New Registered Office	gent and/or registered office address of office address here: d Agent: Address:	on our records, enter the name	20 H 10 H 12 H 12 H 12 H 12 H 12 H 12 H
		Enter Florida street address	SECRETARY OF STALLAHASSES STALL
	City	Florida	
New Registered Agent's Signature			2.47 (1.20)
provisions of all statutes relativ accept the obligations of my po		ance of my duties, and I am fo for in Chapter 605, F.S. Or, i	miliar with and f this document is ited liability

1f 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>	Name		Address	Type of Action
AMBR	RAIZA TORRES		17321 SW 93 AVE, PALMETTO BAY, FL 33157	≱ Add
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Y	e date, if other than	08/17/2022	(optional)	
an effect	tive date is listed, the date	nust be specific and cannot be prior to date of filing or more than block does not meet the applicable statutory filing requ	n 90 days after filing.) Pursuant to 605.0)207 (1 as t
		Department of State's records.	The track the date with her de libres	- 45
racard c	constitute o dalawad affo	tive date, but not an effective time, at 12:01 a.m. on the	varior of (h). The Ofth day after t	1ho
		tive date, but not an effective time, at 12.01 a.m. on the	carner off. (b) The som day after t	IIIC.
l is filed		<u>^</u>		
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is filed	8/17/22			
	8/17/22	Signature of a members of authorized representative of a me	ember	