From Account Bookkeeping 1.321.888.4914 Tue Apr 24 14:20:00 2018 MDT Page 1 of 4 Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055

Phone

: (407)898-1757

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- 4 -	Address		
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## LLC AMND/RESTATE/CORREC部OR M/MG RESIG JR DOMINGO LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IR DOMINGO LLC				
(Name of the Limite	d Liability Comoai A Florida Limited L	ny as it now appear liability Company)	on our secords.)	
The Articles of Organization for this Limited Li Florida document numberL18000001128				and assigned
	·			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company he	<u>ere</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Compa . y," the d	esignation "LLC" or the	abbreviation "L.L.C."
		•		
Enter new principal offices address, if applic		·		
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u></u>		18 29 29 29
B. If amending the registered agent and registered agent and/or the new registered o	or registered o ffice address her	ffice address or e:	1 our records, <u>ente</u>	er the name of the ner
Name of New Registered Agent:	CLARA M CINTO YOC			25 Q
New Registered Office Address:	4414 FAIRLA			
Men Tobleson Anne Line		Enter Flo	rida street address	•
	ORLANDO	-	, Florida	32809
		Clty	<del></del> .	Zip Code
		w.y		

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

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.

CLAYA C1110

If Changing Registered Agent, Signature of New Registered Agent

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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> Fitle</u>	Name	Address	Type of Action
MBR	Domingo Ruiz,Samuel Juventino	4414 FAIRLAWN DR	Add
		ORLANDO, FL 32809	☐ Remove
			Change
		ii	Add
		·	☐ Remove
			☐ Change
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		Ayra	Change 2
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ated April 17th				
	Clara Chtà	:		
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	Signature of a member or aut	horized representative of a	member	

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