L180000034088

	(Requestor's Name)
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	(Document Number)
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COVER LETTER

	Registration S Division of Co					
01101116	IAG Capit	al, LLC				
SUBJEC	JT:	Name of Lin	nited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Roger A. Ollanketo				
			Name of Person			
			Firm/Company			
		7575 Dr. Phillips Blvd., S	uite 245			
			Address	;=1) ; :=1	- AVE	
		Orlando, FL 32819			_	15
		roger@smartsolutionsrealty	City/State and Zip Code y.com		PH 2:	
			to be used for future annual report noti	fication) (17)	23	
For furth	er information of	concerning this matter, please c	all:			
Roger A	. Ollanketo		407 256-8122 at ()			
	Name o	of Person	Area Code Daytim	e Telephone Number		
Enclosed	l is a check for t	he 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 Filin Certificate Certified C (additional co	of Stati opy	
	Mailing Addre Registration		<u>Street Address:</u> Registration Se	ction		
	Division of C	Corporations	Division of Cor	porations		
	P.O. Box 632 Tallahassee.		The Centre of T 2415 N. Monro	. allahassee e Street, Suite 810)	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IAG Capital, LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our rec Liability Company)	cords.)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000029088</u>	were filed on February 1, 20	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
IAG Capital & Construction, LLC					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "l	LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	7575 Dr. Phillips Blvd.				
(Principal office address MUST BE A STREET ADDRESS)	Suite 245				
	Orlando, FL 32819				
Enter new mailing address, if applicable:	7575 Dr. Phillips Blvd.	2023 MAY			
(Mailing address MAY BE A POST OFFICE BOX)	Suite 245	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
B. If amending the registered agent and/or registered office :	Orlando, FL 32819 address on our records, en	ter thename of the new register			
agent and/or the new registered office address here:		लि थि			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street ad	ldress			
		, Florida			
	City	Zip Code			

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.

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>	Name	Address		Type of Action
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				_ □Remove
				_ □Change
				_ □Add
				_ □Remove
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tive date, if other than the date of filing:	maio a to duto	of films or	mary than Of	(option	al)	repart to 605.0
: If the date inserted in this block does not meet the ap	pplicable si	tatutory fili	ng requirer	nents, this d	ate wil	not be listed
ment's effective date on the Department of State's reco	ords.					
ord specifies a delayed effective date, but not an effecti	ive time, at	t 12:01 a.m	on the ear	lier of: (b)	The 90)th day after t
filed.	•					•
April 28 2023						
April 28 . 2023	· ·					