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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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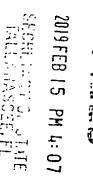
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R. WHITE FEB 20 2010



COVER LETTER

Division of	Corporations		
URE Pr SUBJECT:	operties of Florida LLC		
30B3EC1.	Name of Limi	ted Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Annabelly Luis		
	LIRE Properties of Florida	Name of Person	
	1315 SE 9th St.	Firm/Company	
	Hialeah, FL. 33010	Address	
	magikadulidaycare@gmail.c		
	E-mail address; (1	o be used for future annual report no	offication)
For further informatic	on concerning this matter, please ca	11:	
Annabelly Luis		786 300-7334	
Nar	ne of Person	at ()	me Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

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

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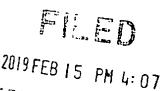
Registration Section

TO:

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



IJRE Properties of Florida LLC (Name of the Limited Liability Company as it now appears on our records) Line Angelow Line

	nited Liability Company)	— (1.6.35 : E, FL	
The Articles of Organization for this Limited Liability Com Florida document number <u>L18000089856</u>	pany were filed on 04/09/2018	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 Company," the designation "LI	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>S)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addr	244	
	, l	FloridaZip Code	
	•	•	

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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Heriberto Morejon	1315 SW 9th St., Hialeah, FL. 33010	Add
			■ Remove
			☐ Change
MGR Annabelly Luis	·	1315 SE 9th St., Hialeah, Fl., 33010	Add
			☐ Remove
MGR	Victor Torres	1315 SE 9th St., Hialeah, FL.	■ Add
			☐ Change
			☐ Remove
			Change
	····		🗖 Add
			□ Remove
			Change
		_	
			□ Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	r
·	
(If an et <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	1-28-19
	1 /1/15.
	Signature of a number of authorized representative of a member
	Amachely Luis Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00