

8/10/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L18000161203**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H18000234430 3)))



H180002344303ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
Account Number : 120160000067  
Phone : (407)370-3686  
Fax Number : (407)370-3120

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: PRIVATE @ LARSONACC.COM 18 AUG 14 AM 10:12

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
IOSLOREN LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

18 AUG 14 AM 10:12

Electronic Filing Menu

Corporate Filing Menu

Help

SIMMONS

AUG 15 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IOSLOREN LLC  
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:

CAROLINE LARSON

Name of Person

LARSON ACCOUNTING & CONSULTING SERVICES LLC

Firm/Company

7901 KINGSPONTE PARKWAY STE 17

Address

ORLANDO, FL 32819

City/State and Zip Code

PRIVATE@LARSONACC.COM

E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE LARSON

at (407) 370-3686

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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**

IOSLOREN LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/02/2018 and assigned  
Florida document number 118000161203.

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 "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

City, Florida 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 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>	<u>Type of Action</u>
AMBR	A B LORENTZIADIS, RONALD	Al. Gregorio B Sobrinho 60	<input type="checkbox"/> Add
		CASA 79	<input checked="" type="checkbox"/> Remove
		Santana de Parnaiba SP 06453-385	<input type="checkbox"/> Change
AMBR	LORENTZIADIS, LEONARD	RUA MARSEILLES 174	<input type="checkbox"/> Add
		Santana de Parnaiba SP 06544-732	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 JUN 18 10:12 AM  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

18 AUG 14 AM 10:12  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207, (3)(b), this date will not be listed as:

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

AUGUST 10

2018

~~Signature of a member or authorized representative of a member~~

AMBR

EDOUARD ALEXANDRE SPYRIDON LORENTZIANIC  
Typed or printed name of signer

Typed or printed name of signee



August 13, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

IOSLOREN LLC  
7901 KINGSPONTE PARKWAY  
STE 17  
ORLANDO, FL 32819US

SUBJECT: IOSLOREN LLC  
REF: L18000161203

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The last page is not legible.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H18000234430  
Letter Number: 918A00016705



2018 AUG 14 PM 1:10