

L18000262223

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : VCORP SERVICES, LLC
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IRDR1 LLC**

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OCT - 2019

19 OCT -8 PM 10:4

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

19 OCT -8 PM 10

IRDRI 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 11/13/2018 and assigned
Florida document number L18000262223.

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
AMBR	ROME, ISAAC PAUL	1820 E WARM SPRINGS RD	<input type="checkbox"/> Add
		STE 100	<input checked="" type="checkbox"/> Remove
		LAS VEGAS, NV 89119	<input type="checkbox"/> Change
AMBR	REDEL, DANIEL	1820 E WARM SPRINGS RD	<input type="checkbox"/> Add
		STE 100	<input checked="" type="checkbox"/> Remove
		LAS VEGAS, NV 89119	<input type="checkbox"/> Change
AMBR	IRDR LLC	1820 E WARM SPRINGS RD	<input checked="" type="checkbox"/> Add
		STE 100	<input type="checkbox"/> Remove
		LAS VEGAS, NV 89119	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 10/8/2019 10:30 PM
 10/8/2019 10:30 PM

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

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F. 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 605.02C

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

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

Dated October 3rd, 2019

9-2-2-1

Signature of a member or authorized representative of a member

Taylor Lolya

Typed or printed name of signee