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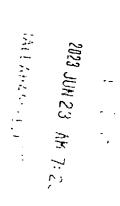
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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COVER LETTER 6/19/23

DAYTIME PhoNE # = 305-793-6807

RETURN = 2587 FLOWERING DOGWOOD DR ADDRESS OCHANDO, FL 32828

COVER LETTER

SUBJECT: IRA	ME INVES	TMENTS, LLC	
·	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mutted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	TREVIN	PEREZ Name of Person	
	IRA ME IN	VESTMENTS, L	,LC
	12472 LAKE (ANDERHILL RD,	毕126
	DRLANDO, 1	FL 32328 City/State and Zip Code	
	TREVINDER E-mail address: (1	EZO GMAIL. On the be used for future annual report	notification)
For further information cor	ncerning this matter, please ca	મી!:	
TREVIN TE	Person	at (305) 79 Area Code Day	3 - 6807 vtime Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filling 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 Se		Street Address Registration	

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

Registration Section

Division of Corporations

TO:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IFA ME INVESTMENT	TS, LLC 2023 JUN 23 AM 7: 2:		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)		
	ALL ARACOTE TO LO		
The Articles of Organization for this Limited Liability Company	were filed on 1217118 and assigned		
Florida document number <u>L18000288543</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil			
Enter new principal offices address, if applicable:	12472 LAKE LINDERHILL Rd. # 126		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32328		
	12472 LAKE UNDERHILL Rd, #129		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32828		
B. If amending the registered agent and/or registered office a	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		
	, Florida		

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.

City

Zip Code

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>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
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			🗆 Remove
			□Change
			□ Add
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. 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) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member

TAEVIN PEREZ
Typed or printed name of signee