4004550000614

(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:



000325660930

03/04/13--01005--011 **25.00

SECRETARY OF STATE

Office Use Only

1.0.5/19

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Iguanas,, LLC		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
	!	L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File ASS RA Resignation ASS RA Resignation ASS RA RESIGNATION ASS RESIGNATION ASSESSMENT ASS RESIGNATION ASSESSMENT ASS RESIGNATION ASS RESIGNA
		RA Resignation AP AP
		Dissolution / Withdrawal
		Annual Report / Reinstatement Control Control
		93 9
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search Fictitious Search
		Ficitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: Seth		UCC 1 or 3 File
03/0	4/19	UCC 11 Search
Name Date	Time	UCC 11 Retrieval
Walk-In Will I	Pick Up	Courier

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE	lguanas, LL	.c				
5020		Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	indence concerning this matter	to the following:			
		Frank J. Aloia, Jr., Esq.				
			Name of Person			
		Aloia, Roland, Lubell & M	forgan, PLLC			
		2254 First Street	Firm/Company			
			Address			
		Fort Myers, FL 33901		2	2019 SE(_
		faloia@floridalegalrights.co	City/State and Zip Code om	Tan Dan Dan Dan Dan Dan Dan Dan Dan Dan D	2019 HAR -4 SEÇRETTAR	APPK PARK
For fur	ther information c	E-mail address: (to be used for future annual report notif	ication)		E SAL
	J. Aloia, Jr., Esq.	9	239 791-7950 at ()	•	AM 10: 06	
	Name o	f Person		: Telephone Number	 _	
Enclos	ed is a check for th	he following amount:				
\$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

Iguanas, LLC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	ny were filed on 01/25/2019 and assigned
Florida document number L19000027004	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	APPROVI
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enterthe name of the nevere:
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 added or removed from our records:

. MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Thomas Moreno	2007 W. Churchill Street Chicago IL 60647	
			□ Change
MGR	Gabriel Moreno Saldarriaga	2007 W. Churchill Street Chicago, IL 60647	□ Add
			■ Remove
	Juanita LeJour	2007 W. Churchill Street	Change
MGR	Tuatha rejout	Chicago, IL 60647	
			Remove ALLA Change
			
-			FIS S
			· 一
			Change
			☐ Change

				
			· · · · · · · · · · · · · · · · · · ·	
				-
		· · · · · · · · · · · · · · · · · · ·		
	<u> </u>			28
	<u> </u>		E.G.	IS HAR
		_ 	<u> </u>	- F.
			بري. در نيد	3 5
····				<u>-</u>
			Ų;	יט פי
ote: If the date inserted in temperates on	the must be specific and can this block does not mee the Department of State layed effective data	anot be prior to date of filing or more at the applicable statutory filing re e's records. e, but not an effective time	quirements, this date wi	ll not be listed as th
, February 21	1	2019	/	
ited	Signature of a men	en Mosera 4.	1 Muc	in Mejor
The run				
Paula Moreno	Thomas Moreno	Gabriel Moreno Saldarriaga	Juanita LaJour	

Filing Fee: \$25.00