119060039341

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

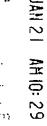


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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	IM Remeau	i LLC	
3000cm	IM Remedia	ted Liavility Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Vincer	Name of Person	
		Firm/Company	
	190 SE 5 ^H	Address #304	
	Delray Ber	Och FL 331 City/State and Zip Code	483
	E-mail address: (t	o be used for future annual fep	ort notification)
For further information co	oncerning this matter, please ea	ıtı:	
Virgent (CWW f Person	at (732)	816-6840
Name of	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Addr	
Registration S Division of C		Registration Division o	on Section of Corporations
P.O. Box 632			e of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ivy Remedy LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1900039341</u> .	were filed on 2819	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
N/A The new name must be distinguishable and contain the words "Limited Liability and Contain the words".		
The new name must be distinguishable and contain the words "Limited Liabilite Enter new principal offices address, if applicable:	ty Company," the designation "LLC" or the a	
(Principal office address MUST BE A STREET ADDRESS)		A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2 AH IO: 29
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the na	ne of the new registered
Name of New Registered Agent:	P/A	
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin Coda

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 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
MGR	Somewhe croig w	100 Lehane Ter. #4	
		North Polm Brach, FL 3340	Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
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			🗆 Add
			□Remove
			□ Change

 -	
	
ffan effecti <u>Note:</u> If t	date, if other than the date of filing:
e record sport is record sport of the record s	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Jonuary 13th 2020
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00