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(Requestor's Name) (Address) (Address)	500329593925
(City/State/Zip/Phone #)	05/17/1301010004 *+25.00
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TO: Registration Section Division of Corporations

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	STMENTS, RESTAURANTS A	ND REAL ESTATE, LLC
SUBJECT:	Name of Limite	ed Lätbility Company
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.
Please return all correspo	ondence concerning this matter to	o the following:
	IRVING I FORESTIER	
	IIF IINVESTMENTS, REST	Name of Person FAURANTS AND REAL ESTATE, LLC
	5138 POINSETTA AVE	Firm/Company
	WINTER PARK, FL 32792	Address
	IRVING@JERERIAHSICE.	City/State and Zip Code COM
	E-mail address: (to	be used for future annual report notification)
For further information e	concerning this matter, please cal	t:
IRVING I FORESTIER		407 309-0775
Name of Person		at () Area Code Daytime Telephone Number
Enclosed is a check for t	he tonowing amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

A. If amending name, enter the new name of the limited liability company here:

IF INVESTMENTS, RESTAURANTS AND REAL ESTATE, LLC.

The new name must be distinguishable and contain the words "Limted Liability Company," the designation "LLC" or the abbreviation "LLC."

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	ł
_	Fla	rida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby occept 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** Address Title <u>Name</u> __ 🗆 Add _ ..._ □ Remove Change Add C Remove Change _____ 🗆 Add Remove D Change 🗆 Add C Remove □ Change Add C Remove _ Change □ Add C Remove □ Change _____

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

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tive date, if other than the date of filing: Fective date is listed, the date must be specific and cannot be prior to date	(optional)

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.

document's effective date on the Department of State's records.

Dated	5/9/19	
	- Jazz	
	Signature of a member of	or authorized representative of a member
		forestier
	Typed c	r printed name of signce
		Page 3 of 3
	Fili	ng Fee: \$25.00