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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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APPROVEL

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COVER LETTER

	gistration Serision of Cor				
SUBJECT:		R FLORIDA LLC			
SOBJECT.		Name of Limit	ed Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are subm	sitted for filing.		
Please return	all correspo	ondence concerning this matter to	the following:		
		Scott Smith			
			Name of Person		
		IKRUSHER FLORIDA LLO	C		
			Firm/Company		
		4714 W CLEAR AVE			
			Address		
		TAMPA, FL 33629			201
			City/State and Zip Code		三二二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二
		bsmith@thesmithlawfirm.com	n be used for future annual report notific	cation)	
For further in	nformation c	oncerning this matter, please cal		······	APPROVED FILED 2019 APR 15 PH 12: 51
Brett Tyler	Smith		305 3940439 at ()		75 K
	Name o	f Person		Telephone Number	— · · · · · · ·
	a check for th	ne following amount:			
\$25.00 F	iling Fce	Solution Status Status Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Co (additional cop	of Status & oppy

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

IKRUSHER FLORIDA LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L19000078675		
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	ity 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 of registered agent and/or the new registered office address here	fice address on our records, e	anter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	ia

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

If Changing Registered Agent, Signature of New Registered Agent

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				
AMBR	IKRUSHER, INC.	1139 WESTMINSTER AVENUE	≅ Add				
		Suite P	□ Remove				
		ALHAMBRA CA 91803	□ Change				
			Add				
			□ Remove				
			Change				
			□ Add				
			Remove				
		<u> </u>	2019 APR 5 PH 2: 5				
.			TARD FILED				
			Change				
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fective date, if other than the d in effective date is listed, the date must b ote: If the date inserted in this bloo	ic specific and can k does not meet	not be prior	to date of filia	ng or more th	an 90 days at	ier filing.) P his date wi	ursuant to II not be	605.020 listed a	07 (3) as the
ecument's effective date on the Dep									
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record specifies a delayed The 90th day after the recor		, but not	an errec	tive time,	at 12:01	a.m. or	tne ea	arlier)T:
April 12	21	019	_						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00