Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000295903 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : 120080000090 Phone : (305)670-**1**991

: (305)670-1993 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **IVY 1208 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

Corporate Filing Menu

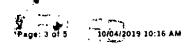
Help

N CULLIGAN

From: Paola Sanchez

Fax: 17864757424

TO: Fax: (850) 617-6383 ARTICLES OF AMENUMENT TO



ARTICLES OF ORGANIZATION OF

BECRETARY OF STATE TALLAHVISSEE, FL

2010 OCT -4

		<i>t I</i> -	LLAHVISSEE, FL			
IVY 1208 LLC	ited Linbility Compa	ny as it now appears on our reco	rd4.)			
(<u>table of the same</u>	(A Florida Limited	ny as it now uppears on our reconability Company)	·			
ne Articles of Organization for this Limited by Drida document number L19000225599	Liability Company	were filed on 09/05/2019	and assigned			
is amendment is submitted to amend the fo	lowing:					
If amending name, enter the new name	of the limited liab	ility company here:				
e new name must be distinguishable and contain the	words "Limited Liahi	lity Company," the designation "LI	C" or the abbreviation "L.L.C."			
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		9130 \$ DADELAND BLVD				
		SUITE 1509				
THE HAR OF THE CONTROL OF THE PARTY OF THE P	<u> </u>	MIAMI FL, 33156				
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		9130 S DADELAND BLVD				
		SUITE 1509				
		MIAMI FL, 33156				
If amending the registered agent and gistered agent and/or the new registered Name of New Registered Agent:	d/or registered of office address her	<u>e</u> :	ds, enter the name of the			
	9130 S DADEI	AND BLVD SUITE 1509				
New Registered Office Address:	Enter Florida street address					
	MIAMI	.1	Florida <u>33156</u>			
		City	Zsp 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

n: Paola Sanchez Fax: 17864757424 To: Fax: (850) 617-6383 Page: 4 of 5 10/04/2019 10:16 AM
If amending Authorized Person(s) authorized to manage, enter the tipe, name, and audress of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Address <u>Name</u> Title \square \land dd _□ Remove □ Change __ 🗆 Add _ Remove _□ Change □ ∧dd ☐ Remove _ Change _□ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change _□ Add

☐ Remove

_ Change

If amending any other in	,			_ ~					
	. <u></u>	<u></u>							
:.									
·			<u>.</u>					·	
				···-					
		_,					. <u>-</u> .		
			<u>.</u>						
						,			
									5167
									000
									-
								一声 名 どの	
				<u></u>				[1] (v)	1
			·					<u> ج</u> انه	
						· · · · · · · · · · · · · · · · · · ·		[T	i
Effective data if other th	in the dute o	f filing:				(optio	nal)		
Effective date, if other the (If an effective date is listed, the Note: If the date invoted in	ate must be appo this block doc	ific and cannot t	be prior to di applicable	is of filing of standory fi	r more than f ling require	00 days after iments, this	iling.) Pumus date will no	nt to 605.0207 be listed as	(3)(b) I ls e
document's effective date or	the Departme	nt of State's re	ecords.	•	•				
the record specifies a d The 90th day after th	layed effec e record is	tive date, b filed.	out not a	effective	e time, ai	12:01 a	.m. on the	earlier of	
Dated OCTOBER 4		2019							
v C	>-00								
<u> </u>	- Jan-	c of a nicmber	or suborise	regieronia	ive of a men	her		~~~	