

1200000 34 552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

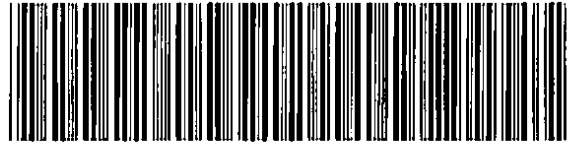
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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000340763560-0011 **25.00

FILED
2020 FEB 14 PM 5:28
ALBRITTON

Amend

MAR 09 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IRADIO, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

LUISA F GIL

Name of Person

IRADIO, LLC

Firm/Company

3647 SIENA CIRCLE

Address

WELLINGTON, FL 33414

City/State and Zip Code

salimradi21@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Salim Radi, CPA

305
at ()

542-5005

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2020 FEB 14 PM 5:28
CLERK OF DISTRICT COURT
SANDERS
and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

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

WELLINGTON, FL 33414

WELLINGTON, FL 33414

_____, Florida _____
City Zip Code

Page 1 of 3

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

CHANGE REGISTERED AGENT ADDRESS OF LUISA F GIL TO 3647 SIENA CIRCLE, WELLINGTON,

FL 33414

E. Effective date, if other than the date of filing: _____ (optional)

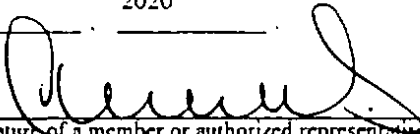
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 10 february

2020


Signature of a member or authorized representative of a member

LUISA F GIL

Typed or printed name of signer