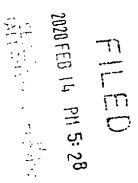
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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COVER LETTER

TO:

TO: Registration Se Division of Cor			
iradio, L	rc		
SUBJECT:	Name of Limi	ted Liability Company	_
	Amendment and fee(s) are subt		
Please return all correspo	ndence concerning this matter t	to the following:	
	LUISA F GIL		
		Name of Person	
	IRADIO, LLC		
		Firm/Company	
	3647 SIENA CIRCLE		
		Address	me Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed
	WELLINGTON, FL 3341	4	
		City/State and Zip Code	· <u> </u>
	salimradi21@gmail.com		adentine)
		to be used for future annual report no	mication)
	oncerning this matter, please c		
Salim Radi, CPA		305 542-5005 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$ 25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Addre		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Co	orporations
P.O. Box 633		The Centre of	Tallahassee oe Street, Suite 810
Tallahassee,	FL 32314	Z4T⊃ IN, IVIONI	or succe, suite ord

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

company has been notified in writing of this change.

T	O	ی ی
ARTICLES OF O	RGANIZATION	
0	F	
		一
IRADIO, LLC		<u> </u>
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it new appears on our records.) Liability Company)	, v.
The Articles of Organization for this Limited Liability Company	were filed on 01/28/2020	and assigned
Florida document number L20000034552	were fried on	and assigned
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
<u> </u>		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3647 SIENA CIRCLE	
(Principal office address MUST BE A STREET ADDRESS)	WELLINGTON, FL 33414	
		····
Enter new mailing address, if applicable:	3647 SIENA CIRCLE	
(Mailing address MAY BE A POST OFFICE BOX)	WELLINGTON, FL 33414	
	-	
B. If amending the registered agent and/or registered office a	ddress on our records, enter the r	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	
	, Florida	
	Cıti	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre-		
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p		

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	Name	Address	Type of Action
P	LUISA F GIL	3647 SIENA CIRCLE	
		WELLINGTON, FL 33414	Remove
			= Change
			□ Add
			Remove
			□Change
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Page 2 of 3

FL 33414						
						
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tive date, if other th	on the date of filio	n a ·		(on	tional)	
ffective date is listed, the If the date inserted in	date must be specific an	nd cannot be prior	to date of filing or m	ore than 90 days af	ter filing.) Pursuant	to 605
ment's effective date o				ig requirements, t	ns date will not t	i iiste
ecord specifies a d e 90th day after ti			t an effective t	time, at 12:01	a.m. on the	earlie
10 february d		2020	-· /			
	\ <u>}</u>	6	,, ,			
		بمليد	orized representative			_

Page 3 of 3

Filing Fee: \$25.00