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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: IRI	TE FLORIDA LLC		<u></u>	
	Name of Life	med Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing		
		_		
rease return an correspo	indence concerning this matter	to the following.		
	Tasas	SAFTANI		
		Name of Person	=	
		Name of Limited Liability Company  ent and fee(s) are submitted for filing.  Incerning this matter to the following:  ITASON SAETANG  Name of Person  Firm/Company  3224 SE MIMOSA STREET  Address  STURRT, FL. 34997  City/State and Zip Code  SRANG @ ANDONOM  E-mail address: (to be used for future annual report notification)  this matter, please call:  at (561 320-221S  Area Code Daytime Telephone Number  and amount:  .00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certif		
	3224 SI	E MIMOSA	Street	
	<del></del>			
	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following:    JASON   SAE TANG			
		_		<del></del>
		<del>-</del>		
		•	uar report nottrication)	
or further information c	oncerning this matter, please c	all;		
JASON SAE	TANG	at ( <b>56</b> 1 )	320-2215	
Name o	f Person	Area Code	Daytime Telephone	Number
Inclosed is a check for th	he following amount:			
	_	□ <b>655</b> 00 EBE E	e	0.00 535 5
☑ \$25.00 Filing Fee		Certified Copy	enclosed) C	Certificate of Status & Certified Copy
Mailing Addres		Street	Address:	
Registration S				
P.O. Box 632	•		<del>-</del>	e
Tallahassee, l				
		Talla	hassee, FL 32303	

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DA LLC	
Company as it now appears on our re-	cords.)
mined Liability Company)	202
npany were filed on 21 FEB	2020 and assigned
	29
	PH II O
d liability company here:	H: 0
M LLC	
d Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
SS)	
office address on our records, en	ter the name of the new registers
ince address on our records, <u>en</u>	the hame of the new registere
Enter Florida street ad	dress
	B21 a u.t.d.a
City	, Florida Ziv Code
	company as it now appears on our remitted Liability Company)  Inpany were filed on 21 FEB  d liability company here:  LLC d Liability Company." the designation "  SSS)  Enter Florida street ad

#### 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

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
DIR	BAKER, JESSICA E	1000 SE LETHA CIR APT 7	□Add
		STUART , FL. 34994	TRemove
		<del></del>	□ Change
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### Page 2 of 3

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