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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co			
	ESTMENT HOLDINGS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SARAH SEMS		
		Name of Person	
		Firm/Company	
	168 HARVARD DRIVE		
		Address	
	LAKE WORTH FL. 3346	0	
	SARAHSEMS@GMAIL.C	City/State and Zip Code	
	-	to be used for future annual report notification	<u>n)</u>
For further information	concerning this matter, please c	all:	1.0
SARAH SEMS		561 222-4596 at ()	
Name	of Person		phone Number 74 20
Enclosed is a check for t	the following amount:		· ~;
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Section	
Division of C	Corporations	Division of Corpora	tions
P.O. Box 633 Tallahassee,		The Centre of Tallah 2415 N. Monroe Str	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IRB INVESTMENT HOLDINGS	LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on a liability Company)	our records.)	
The Articles of Organization for this Limited L. Florida document number <u>L.20000067575</u>	iability Company	were filed on $\frac{03/02/2}{}$	020	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company." the design	ation "LLC" or the	abbreviation "L.L.C."
		101 PLAZA REAL	SOUTH	
•		SUITE 203		
		BOCA RATON FL.	33432	
Enter new mailing address, if applicable:		101 PLAZA REAL	SOUTH	<u> </u>
(Mailing address MAY <u>BE A POST OFFICE</u>	BOX)	SUITE 203		
•	<u></u>	BOCA RATON FL.	33432	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ess here:	address on our recor	ds, <u>enter the na</u>	
Name of New Registered Agent:	JASON MAY			: 24
New Registered Office Address:	101 PLAZA R			
		Enter Florida s	treet address	the name of the new registered
	BOCA RATO		, Florida j	33432
nis amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" and the new principal offices address, if applicable: Trincipal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: Suffice 203 BOCA RATON FL, 33432 The new mailing address MAY BE A POST OFFICE BOX) BOCA RATON FL, 33432 The new registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: 101 PLAZA REAL SOUTH SUFFI 203 BOCA RATON FL, 33432 The new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 101 PLAZA REAL SOUTH SUFFI 203 Enter Florida street address BOCA RATON Florida 33432	Zip 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JASON MAY	320 WEST PALMETTO PARK ROAD	
		UNIT B203	□Remove
		BOCA RATON FL, 33432	□Change
MGR	SARAH SEMS	168 HARVARD DRIVE	□Add
		LAKE WORTH FL. 33460	≣Remove
			□Change
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ffective date, if other than the date of fi an effective date is listed, the date must be specific lote: If the date inserted in this block does no ocument's effective date on the Department	e and cannot be pri not meet the appl	icable statutory	e or more than 9	0 days after filing	.) Pursuant to 6	05.020 isted a
record specifies a delayed effective date, but is filed.	i not an effective	time, at 12:01	a.m. on the ea	rlier of: (b) Th	ne 90th day a	fler the
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Filing Fee: \$25.00