h20000089112

(Requestor's Name)				
(Address)	40036106			
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(City/State/Zip/Phone #)				
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(Document Number)				
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: ROD	ORTGUEZ, IVA	ticd Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Iva	Rodrigue Z Name of Person	 _
		Firm/Company	
	17046 30	ca Club Blvd #	3
	Boca Ra	ton 1 3348 City/State and Zip Code	37
	E-mail address: (185 O SM at 1 · Cox to be used for future annual report notif	M ication)
For further information co	oncerning this matter, please ca		
Ivan -	Rodriguez	at (<u>954</u>) <u>1,055</u> Area Code Daytime	-8363
Name of	Person	Area Code Daytime	· Telephone Number
Enclosed is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Rodriguez Ivan 1	LC
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000089112</u> . This amendment is submitted to amend the following:	,
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabi	ES LLC
The new name must be distinguishable and contain the words. Limited Liabi	•
Enter new principal offices address, if applicable:	2002 Ration A
(Principal office address MUST BE A STREET ADDRESS)	
	<u>334.87</u>
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	17046 BOCO Club Rud #3 BOCO Raton, RL 33487
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	······································
New Registered Office Address: 17046	Box a Club Blvd #3 Enter Florida street address
	Ration, Florida 33487
	City 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, 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
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rument's effec	tive date on the	Department o	f State's re	cords.					
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