## L20000314595

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T. MATTHEWS MAR 30 2022

## **COVER LETTER**

TO:

Tallahassee, FL 32314

		stration Sec ion of Corp			
SUBJEC	CT: _	Iron WC	LLC	•	
	_		Name of Lim	ited Liability Company	
The encl	osed .	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn a	ıll correspor	ndence concerning this matter	to the following:	
			Keitha Walters		
				Name of Person	
			Iron WC LLC		
				Firm/Company	
			16 S Lake Drive		
				Address	
			Santa Rosa Bead	ch, FL 32459	
				City/State and Zip Code	
			keitha@chewcon E-mail address: (	I.COM to be used for future annual report notif	ication)
For furth	er inf	ormation co	oncerning this matter, please co	all:	
ŀ	<b>Ceith</b>	na Walter	S	at (404 ) 936-5202	2
Name of Person		Person	Area Code Daytimo	: Telephone Number	
Enclosed	lisao	check for the	e following amount:		
<b>□</b> \$25.	00 Fi	ling 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)
		ing Address		Street Address:	
	_	istration S		Registration Sec	
		Box 6327	orporations 7	Division of Corp The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 KM (\* F.) 2: 39

Iron WC LLC			
(Name of the Limited	d Liability Company as it now appears on A Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Lia	bility Company were filed on _10/5/	202	and assigned
Florida document number <u>L20000314595</u>	·		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the design	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>	<u>.</u>	
B. If amending the registered agent and/or re agent and/or the new registered office address	•	ds, <u>enter the na</u>	me of the new register
Name of New Registered Agent:	Hopestrong LLC		
New Registered Office Address:	16 S. Lake Drive	troot addrage	
	Santa Rosa Beach	, Florida	32459
	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
MGR	MINCHEW, THURMAN K, III		□Add
			Change
AMBR	Keitha Walters		□Add
			CXRemove
			Change
AMBR	Shelley Minchew	· · · · · · · · · · · · · · · · · · ·	
			□ □ Remove
			Change
MGR	Hopestrong LLC		bbAKJ
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
			□Add
			□Remove
			Change
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lote: If the date insert	er than the date of f I, the date must be specifited in this block does a tate on the Department	not meet the applicat	date of filing or more ble statutory filing re	(optiona than 90 days after fili equirements, this da	al) ng.) Pursuant to 605.0207 ate will not be listed as
	iyed effective date, bu	t not an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
record specifies a dela l is filed. lated <u>March 10</u>		. 2022	<b>.</b> ·		

Filing Fee: \$25.00