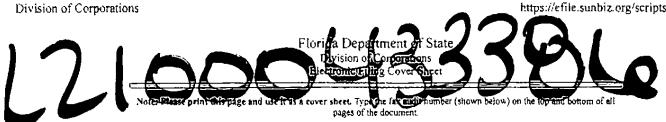
https://efile.sunbiz.org/scripts/efilcovr.exe



(((H210003852773)))



Nate: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMALL BUSINESS CENTER 1LC

Account Number : I20200000188 Phone : (305)302-7500

Fax Number

: (305)207-0950

\*\*Enter the email address for this business entity to be used for furt annual report mailings. Enter only one email address please .\*\*\*

Email Address:

...... LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

IOS LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Help

10/15/2021 12:40 PM

TO:

Registration Section

Tallahassee, FL 32314

## **COVER LETTER**

## H21000385277 3

Division of Corp	orations		
SUBJECT: IOS LLC			
SUBJECT: 105 DEC	Name of Limit	ed Liability Company	
	Amendment and fee(s) are subn		
Please return all correspon	idence concerning this matter t	o the following:	
	JOSE A GUZMAN DAVII	Name of Person	
	SMALL BUSINESS CEN	Firm/Company	<u> </u>
	4441 SW 134TH CT	Address	
	MIAMI, FL 33175	City/State and Zip Code	
	Institutodeobesidadysobrep E-mail address: (	eso@gmail.com to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	ali:	
MIRIAM S BEOTO		at (305 ) 302-7500	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
<b>≡ \$25.00</b> Filing Fee	S30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration So	ection
Division of C		Division of Co	rporations
P.O. Box 632 Tallahassee.		The Centre of 2415 N. Mont	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT H21000385277 3 TO ARTICLES OF ORGANIZATION OF

IOS LLC (Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on o ited Liability Company)	ur records.)	<del>.</del>	
The Articles of Organization for this Limited Liability Comp	oany were filed on 10/01/20	21	and ass	igned
Florida document number L21000433386				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
IDOYSP LLC		vian III I C' or the obbeevi	ation "L	I C."
DOYSP LLC he new name must be distinguishable and contain the words "Limited	Liability Company," the designa	mon LLC of the abbievi	ation D.	
Enter new principal offices address, if applicable:	N/A	- <u>(7)</u>	292	
Principal office address MUST BE A STREET ADDRES	<u>si</u>	1 Lui	<del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del>	4 1
				- SHID
		2.3	5	;
Enter new mailing address, if applicable:			7.7	2 7
Mailing address MAY BE A POST OFFICE BOλ)			5	
Mantel and Co.			ယ္	
<ol> <li>If amending the registered agent and/or registered of gent and/or the new registered office address here:</li> </ol>	fice address on our recor	ds, enter the name of	the ne	w regist
Name of New Registered Agent: N/A			_	_
New Registered Office Address:	Enter Florida s	treet address		_
		, Florida	Zip Code	

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 H21000385277 3

Title	Name	<u>Address</u>	Type of Action
		<u>N/A</u>	□Add
			Remove
			☐ Change
			□Add
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fective date, if other than the date of filing:	(op	tional) *r filing ) Pursuant t	n 605 02
n effective date is listed, the date must be specific and cannot be prior to date of one: If the date inserted in this block does not meet the applicable state	utory filing requirements, the	his date will not be	listed
cument's effective date on the Department of State's records.			
ecord specifies a delayed effective date, but not an effective time, at I	2:01 a.m. on the earlier of:	(b) The 90th day	after th
is filed.			
ited OCTOBER 06 , 2021 .	1 -		
Signature of a member or authorized rep	resentative of a member		_
Signature of a memorized ref			