## LZ1000481179

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	

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A. BUTLER

## **COVER LETTER**

TO:	Registration Secti Division of Corpo			
	IRON COMP.	ANY LLC		
SUBJEC	ct:	Name of Lim	ited Liability Company	
		nendment and fee(s) are sub		
Please re	eturn all correspond	ence concerning this matter	to the following:	
		MURAT TSARAEV		
			Name of Person	· <del></del>
		IRON COMPANY LLC		
			Firm/Company	- <del></del>
		800 SE 4TH AVE 121		
			Address	<del></del>
		HALLANDALE BEACH,	, FL 33009	
		mbawefai E-mail address: (	City/State and Zip Code  City/State and Zip Code  On the Use of Tuture annual report notifications  The Code of Code o	DUL ON)
For furth	ner information con-	cerning this matter, please ca	all:	
M	Wat Name of P	TS avaleV	$\frac{1}{\text{Area Code}} \frac{301}{600} \frac{600}{\text{Daytime Tel}}$	704 Jephone Number
Enclosed	d is a check for the	following amount:		
<b>■</b> \$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, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

IRON COMPANY LLC			and the second s
(Name of the Limi	ted Liability Compa (A Florida Limited l	ny as it now appears on our re liability Company)	cords.)
The Articles of Organization for this Limited L	iability Company	were filed on 11/08/2021	and assigned F
Florida document number 1.21000481179	_ <del></del> ·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:	800 SE 4TH AVE	
(Principal office address MUST BE A STREET ADDRESS)		705	
	<del></del>	HALLANDALE BEACH	, FI. 33009
Enter new mailing address, if applicable:		800 SE 4TH AVE	
(Mailing address MAY BE A POST OFFICE BOX)		705	
		HALLANDALE BEACH	FL 33009
B. If amending the registered agent and/or lagent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:	Murat 800 SE 4TH A	T) Waw  VE 705  Enter Florida street at	ldress
		City	, Florida 33009 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
AMBR	MURAT TSARAEV	800 SE 4TH AVE	
		705	□Remove
		HALLANDALE BEACH, FL 33009	<b>=</b> Change
AMBR MARAT ALBOROV	MARAT ALBOROV	800 SE 4TH AVE	<b>⊆</b> Add
		705	□Remove
		HALLANDALE BEACH, FL 33009	Change
			□Remove
			□Add
			□Remove
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If an eff Note:	ive date, if other than the date of filing:
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	01/04 2022
	Signature of a member or authorized representative of a member

\*\*\*\*\* 13 63 = 0