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SECRETARY OF STATE CORPORATION

COVER LETTER

TO:	Registration Sec Division of Corp						
	IQ LOFTS I	LC					
SUBJE	CI:		Name of Limi	ted Liability Com	 pany		
The end	closed Articles of A	mendment and f	ee(s) are subr	nitted for filing.			
Please r	eturn all correspon	dence concerning	g this matter t	to the following:			
		Vinicius Adai) 1				
				Name of Pe	rson		_
		VAdam Law,	PLLC				
				Firm/Comp	any		
		511 SE 5th A	re, Suite 104				
				Address		<u></u>	-
		Fort Landerda	le, FL 33301				
			1	City/State and Z	ip Code		_
		vinicius@vada E-r		o be used for futur	e annual report not	tification)	
For furt	her information co	ncerning this ma	tter, please ca	d1:			
Vinicit	ıs Adam			954	451-0792		
	Name of	Person		at (Area C) ode Daytin	ne Telephone Numbe	
Enclose	ed is a check for the	following amou	nt:				
■ \$25	5.00 Filing Fee	S30.00 Filin Certificate		S55.00 Fili Certified (additional c		Certifie	ate of Status &
	Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations		ī 1 1 2	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oe Street, Suite	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IQ LOFTS LLC

(Name of t	he Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Lir Florida document number 1.2200010409	nited Liability Company were filed on 02/28/2022 and assigned
This amendment is submitted to amend	
A. If amending name, enter the new	name of the limited liability company here:
The new name must be distinguishable and con	ain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, i	f applicable:
(Principal office address MUST BE A	STREET ADDRESS)
Enter new mailing address, if applica (Mailing address MAY BE A POST O) B. If amending the registered agent a gent and/or the new registered office Name of New Registered Age New Registered Office Address	and/or registered office address on our records, enter the name of the new registered eaddress here:
	, Florida
New Registered Agent's Signature, if cha	" <i>y</i>
I hereby accept the appointment as re provisions of all statutes relative to the accept the obligations of my position	egistered agent and agree to act in this capacity. I further agree to comply with the ie proper and complete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S. Or, if this document is in the registered office address. I hereby confirm that the limited liability of this change.
	If Changing Registered Agent, Signature of New Registered Agent

MGR = N AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	IQ CONCEPT LLC	1541 SUNSET DR, SUITE 303	= Add
		CORAL GABLES, FL 33143	□Remove
			☐ Change
MGR	SWC MANAGEMENT LLC	1541 SUNSET DR. SUITE 303	□Add
		CORAL GABLES, FL 33143	
			□Change
MGR	BLUE C MANAGEMENT LLC	1541 SUNSET DR, SUITE 303	□Add
		CORAL GABLES, FL 33143	= Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove

□Change

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f an eff Note:	ive date, if other than the datective date is listed, the date must be If the date inserted in this blockent's effective date on the Depart	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (2 does not meet the applicable statutory filing requirements, this date will not be listed as the
e recor rd is fil		ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Jated _.	September 29	2022
	Sig	thature of a member or authorized representative of a member
	Vinicius Adam, Esq.	
	·	Typed or printed name of signee