# L23000 344830

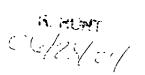
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
' <del>'</del>
Special Instructions to Filing Officer:
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Office Use Only



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## Sunshine State Corporate Compliance Company

# 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/28/2024	_		₩WALK IN
ENTITY NAME_Iron E	agle Bar and Grill LLC		
DOCUMENT NUMBER			
	**PLEASE FILE THE A	ATTACHED AND RETURN**	
xxxxxxxx	Plaix Copy		•
	Certified Copy		
	Certificate of Status		
	**PLEASE OBTAIN THE FOLL Certified Copy of Arts & Certificate of Good Standing		
	**APOSTILLE' / NO	TARIAL CERTIFICATION**	
COUNTRY OF DESTINA	ATION		_
NUMBER OF CERTIFIC	PATES REQUESTED		_
TOTAL OWED \$25		ACCOUNT #: 120160000072	
Please call Tina at	the above number for any	y issues or concerns. Thank you so m	much!

### **COVER LETTER**

TO: Registration Se Division of Cor					
C - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	Bar and Grill, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Sandra Torres				
		Name of Person			
	CPA Tax Solutions, LLC				
		Firm/Company	<u> </u>		
500 NW 6th Street					
Address					
	Okeechobee FL 34974				
	<del></del>	City/State and Zip C	ode		
	sandra@cpataxasolutions.n				_
For further information of	E-mail address: ( concerning this matter, please c	to be used for future an	nual report notifi	cation)	
Sandra Torres		863 at (	357 - 1099	•	
Name o	f Person	Area Code	Daytime	Telephone Number	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing I Certified Cop (additional copy)	у	Certified (	e of Status &
Mailing Address	<b></b>		et Address:	ion	
Registration S Division of C		-	istration Secti ision of Corp		
P.O. Box 632	27	The	Centre of Ta	llahassee	
Tallahassee, 1	FL 32314	241:	5 N. Monroe	Street, Suite 81	0

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Iron Eagle Bar and Grill, LLC		
(Name of the Lin	nited Liability Company as It now a (A Florida Limited Liability Comp	oppears on our records.)  vany)
The Articles of Organization for this Limited		on 07/21/2023 and assigned
Florida document number L23000344830	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compa	ny here:
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		· •
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> BOX)</u>	• •
		- <del>-</del> - <del>-</del> -
<ol><li>If amending the registered agent and/or igent and/or the new registered office addre</li></ol>	registered office address on o	ur records, enter the name of the new register
THE RINGS THE NEW PERSONNEL WITH PARTY	ess nere.	
Name of New Registered Agent:	Dina Laneaster	
New Registered Office Address:	9371 HWY 78 West	
	Enter	r Florida street address
	Okecchobee	, Florida <sup>34972</sup>
	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>	Name	<u>Á</u> ddress	Type of Action
			□ Add
			□Remove
			□Change
			□Add
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			🗆 Add
			🖸 Remove
			□Change

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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing  ote: If the date inserted in this block does not meet the applicable statutory becoment's effective date on the Department of State's records.	(optional) or more than 90 days after filing ) Pursuant to 605.020 filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a is filed.	i.m. on the earlier of: (b) The 90th day after the
ned 28th, June 2024 Dins	Parcost
· ' · · · · · · · · · · · · · · · · ·	
Signature of a member or authorized represent	

Filing Fee: \$25.00