## 123000400308

(Requestor's Name)
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PICK-UP WAIT MAIL
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SEGRETARY OF STREET

## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: IRIMAX F	INANCIAL LLC.			
	Name of Lim	ited Liability Company	-	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JAMES SNYDER			_
		Name of Person		
	IRIMAX FINANCIAL LL	C.		
		Firm/Company		_
	11522 OVAL DR W			
		Address		
	LARGO, FL 33774			s 2
		City/State and Zip Code		2023 OCT -6 SECRET: TALL/JF
	IRIMAXFINANCIAL@GN			
	E-mail address: (	to be used for future annual report	notification)	9
For further information c	oncerning this matter, please ca	all:		
JAMES SNYDER		at (727 ) 520-695	5	
Name o	f Person	Area Code Da	ytime Telephone Numb	er m 9
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee. eate of Status & ed Copy al copy is enclosed)
Mailing Address		Street Address		
Registration S Division of C		Registration Division of	Section Corporations	
P.O. Box 632			of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IRIMAN FINACIAL ELC.			<del></del>
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	oras.)	
The Articles of Organization for this Limited Liability Company	were filed on <u>08/25/2023</u>		and assigned
Florida document number <u>L23000400308</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ollity company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	2
Principal office address MUST BE A STREET ADDRESS)		걸음	J23 (
		,>:	
		::: :>::::	<u> </u>
Enter new mailing address, if applicable:			<u></u>
		<u> </u>	<u>ښ</u> ٠ <u>-سا</u>
Mailing address MAY BE A POST OFFICE BOX)		75	
	-	111	7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name o	f the new registe
Name of New Registered Agent:			
New Registered Office Address:			<del></del>
	Enter Florida street add	lress	
		Florida	
	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	Address	Type of Action
MGR	AMY DECIUS	11522 OVAL DR W. LARGO, FL 33774	□Add
			□Remove
			<b>■</b> Change
AMBR LEE YOUNT WENCKEBACK	LEE YOUNT WENCKEBACH	12743 LAKE DRIVE LARGO, FL 33774	<b>≘</b> Add
			□Renюve
			□Change
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ctive date, if other than the date of filing:	(optional	
effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable		
ument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, is filed.	at 12:01 a.m. on the earlier of: (b) T	he 90th day after th
ed OCTOBER 3 2023		
ed OCTOBER 3 2023		
ed OCTOBER 3  2023  James Mydu  Stgnature of a fember or authorized	***************************************	15