## L23000434857

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
IAM RE III	OLDINGS & INVESTMENTS	S, LLC		
30bJEC1.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing		
		-		
riease return an correspo	ondence concerning this matter	to the following:		
	Carmen Cue			
		Name of Person		
	IAM RE HOLDINGS & II	Solution of Limited Liability Company  Solution is matter to the following:  Name of Person  NGS & INVESTMENTS, LLC  Firm/Company  Address  City/State and Zip Code  nil.com  Address: (to be used for future annual report notification)  c. please call:  1954   628-2765		
	· · ·	Firm/Company		
	2521 NW 154 ST			1307
		Address		-7
	MIAMI, FL 33054			- P
		City/State and Zip Code		.υ ω
	carmencuel@gmail.com	to be used for future annual report notifi-	cation)	·3· <del></del>
For further information c	oncerning this matter, please c			
Carmen Cue		954 628-2765		
Name o	f Person	Area Code Daytime	Telephone Number	<del></del>
Enclosed is a check for th	ne following amount:			
		Certified Copy	Certificate of Certified Co	of Status &
Mailing Address Registration S	Section	Registration Sect		
Division of C P.O. Box 632				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IAM RE HOLDINGS & INVESTMENTS, LLC

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000434857</u> .	y were filed on <u>09/19/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
IAM RE HOLDINGS & INVESTMENTS-2521, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2023
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		~ ~ ~
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Guer viorida sirvet dadress	
	, Florida	Zip Code
	City	дір Соце

## 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 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>	<u>Name</u>	Address	Type of Action
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