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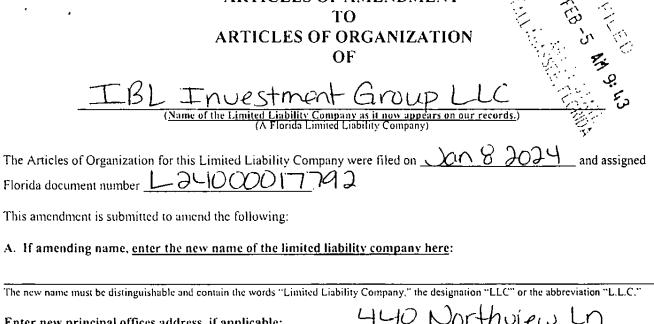
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ALLAHASSEE, FLORIC

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: IRL Investme	20+8 GOUP LLC ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Samantha	Name of Person
	Firm√Company
440 North	iew Ln Address
Cresturew, Fr	City/State and Zip Code
<u>Ommins</u> Qua	NOO. COM be used for future annual report notification)
E-mail address! (to	
Sam Nimmo Name of Person	at (850) 478-4385 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$30.00 Filing Fee	S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO



Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Crestulew, Fl. 32536
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	440 Northulew Ln Crestulew, FL. 32536

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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		
•	MCP =	Managar
AMRD - Authorized Member	HIGIX -	Manager
	AMIRD =	: Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		 	□ Remove
			□Change
			□Add
			□ Remove
			☐Change
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li am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Add ETD 99-0764742
	Haa ELD 99-0169 192
	
lf an e <u>Note</u>	tive date, if other than the date of filing:
	ord 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 filed.
Date	3/5/2024
	Signature of a member or authorized representative of a member
	Samuel A Wimmo Typed or printed name of signee