L24000136849



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Will and Same and

COVER LETTER

Division of Co			
IFA LADI	ELLC :		
1101010101010101	Name of Lit	miled Liaburry Company	
The enclosed Articles of	Amendment and fee(s) are suf	bmitted for filing.	
Picase return ali corresp	ondence concerning this matter	to the following:	
	ARGELIO LAZARO BR	ITO	
		Name of Person	
	IFA LADE, LLC		
		Fun/Company	
	6407 N MANHATTAN A	AVENUE	
		Address	
	TAMPA, FL 33614		
		City/State and Zip Code	
	lazarohrito077@gmail.com	to be used for future annual report noti	<u> </u>
For further information o	oncerning this matter, please c	•	ncanon)
tazaro Brito		xi3 279-9909 at()	
Name o	f Person		e Telephone Number
Enclosed is a check for t	ic following amount:		
■ \$25,00 Filling Fee	(1) \$30,00 Filing Fee & Certificate of Status	II \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	© \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	rtion
	Section		(additional copy is enc

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 ARTICLES OF ORGANIZATION OF

ied i v De' i i C			
(Name of the 1 limited 1 liability Con (A Floridg 1 init)	inany as it now appears on or villighility Company)	ir records.)	
the Articles of Organization for this Limited Liability Compa	ny were filed on		_ and assigned
lorida document number L24000136849			
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited li	ability company here:		
he new name must be distinguishable and contain the words "Limited Lic	ability Company," the designat	ion "LLC" or the abbr	eviation "L.L.C."
ater new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
			ζ,
nter new mailing address, if applicable:		ý.E.	(
Auiling address MAY BE A POST OFFICE BOX)			5
		; ·	·
		0	-
. If amending the registered agent and/or registered offic	e address on our records	s, enter the name	of the new regi
gent and/or the new registered office address nere:			•
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
	Enter Florida stre	ret address	
		. Fiorida	
	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 hability 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

Titte	Name	Address	Type of Action
CEO	ARGELIO LAZAZRO BRITO	6407 N MANHATTAN AVE	
		TAMPA, FL 33614	□ Kemeve
			■ Change
			□Add
			□Remove
			DChange
			□Add
			Remove
		-	© Change
			∏Remove
			Change
			□Add
			□Kemove
 _			Dadd
			□Remove

 \square Change

ADDRESS: 6407 N MANHA	ATTAN AVE TAMPA, FL 33614	
-		
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M.P		
ffective date, if other than the	date of filing:	(optional)
an effective date is listed, the date must Sote: If the date inserted in this ble locument's effective date on the De	ock does not meet the applicable statutory is	or more than 90 days after filing.) Pursuant to 605,0207 (filing requirements, this date will not be listed as t
record specifies a delayed effective d is filed.	date, but not an effective time, at 12:01 a.	.m. on the earlier of: (b) The 90th day after the
October 15th Dated	2024	
	··	

Typed or printed name of signee

Filing Fee: \$25,00