L24000246514

# Florida Department of State
## Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ACCOUNTING TAX PRO GROUP LLC
Account Number : I20220000157
Phone : (407)377-7752
Fax Number : (407)413-8813

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
## IRON GROUP RESTORATION SERVICES LLC

| | |
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TALLAHASSEE, FLORIDA

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MAY 23 2024
T. LEMIEUX

# COVER LETTER H24000185094 3

TO: **Registration Section**
**Division of Corporations**

SUBJECT: IRON GROUP RESTORATION SERVICES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GASTON PAREJO DE VANNA
Name of Person

Firm/Company

14961 SPEER LAKE DR
Address

WINTER GARDEN, FL 34787
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GASTON PAREJO DE VANNA at (321) 3446496
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ $25.00 Filing Fee
- ☒ $30.00 Filing Fee & Certificate of Status
- ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $60.00 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

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# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

IRON GROUP RESTORATION SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/26/2024 and assigned Florida document number L24000196514.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company 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 applicable:**
***(Principal office address MUST BE A STREET ADDRESS)***

2180 Central Florida Pkwy, Ste A1Q
Orlando Florida 32837

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

2180 Central Florida Pkwy, Ste A1Q
Orlando Florida 32837

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**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: _____
*Enter Florida street address*

_____, **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**

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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

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MBR | CARMEN CARRIZALES | 14961 SPEER LAKE DR | ☐Add |
| | | WINTER GARDEN, FL 34787 | ☒Remove |
| | | | ☐Change |
| | | | ☐Add |
| | | | ☐Remove |
| | | | ☐Change |
| | | | ☐Add |
| | | | ☐Remove |
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| | | | ☐Remove |
| | | | ☐Change |

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D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

E. **Effective date, if other than the date of filing:** _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 05/23, 2024.

Signature of a member or authorized representative of a member

GASTON PAREJO DE VANNA

Typed or printed name of signee

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**Filing Fee: $25.00**