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## **COVER LETTER**

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erin isot	ronforge H	ome Loans, LLC			
SUBJECT: _		Name of Lim	ited Liability Company		
The enclosed a	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return a	ill correspo	ndence concerning this matter	to the following:		
		August T. Anirina II			
			Name of Person		
		Ironforge Home Loans, LL	С		
			Firm/Company		
		212 Cyan Ave			
			Address	<del></del>	
		Daytona Beach, Florida 32	124		
			City/State and Zip Code		
		Augustdrums1013@gmail.c			
			to be used for future annual report notifi	ication)	
For further inf	ormation c	oncerning this matter, please ca	all:		
August T. Ani	irina II		386 237-3239		
Name of Person		Area Code Daytime	Telephone Number		
Enclosed is a c	check for th	ne following amount:			
□ \$25.00 Fil	ling Fee	S30.00 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		Street Address: Registration Sec	tion		
	Division of Corporations			Division of Corporations	
	Box 632 ahassee, l	/ FL 32314	The Centre of Ta 2415 N. Monroe	allahassee : Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ironforge Home Loans, 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 \_\_\_\_\_\_\_ and assigned Florida document number <u>1.24000198553</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: August Drums Innovations, LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

## 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.

City

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Change
			□Add
			□Remove
			Change
			□Remove
			☐ Change
			Remove
			Change
	<u> </u>		□Add
			□Remove
			□Change

(If an e Note	tive date, if other than the date of filing:
he rece ord is	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.
	August 22nd 2024
fy	
Date	
Dated	Signature of a member or authorized representative of a member