114000113786

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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC		SULTING USA LLC		
SUBJEC	CT:		ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please re	turn all correspoi	ndence concerning this matter	to the following:	
		JENEANE WAKULA		
			Name of Person	
		IVPS CONSULTING USA	LLC	
			Firm/Company	
		8929 SE BRIDGE ROAD		
			Address	
		HOBE SOUND, FL 33455	j	
			City/State and Zip Code	
		agentjeneane@bellsouth.net		
		E-mail address: (1	to be used for future annual report notifi	ication)
For furth	er information co	oncerning this matter, please ca	all:	
JENEAN	NE WAKULA		772 546-9591 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25. 6	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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



IVPS CONSULTING USA LLC		
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L14000113786</u>	bility Company were filed on 07/18/2014	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the work Enter new principal offices address, if applical (Principal office address MUST BE A STREET)		e abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, <u>en</u> ice address here:	SECTIARY OF THE NEW YORK THE TARY OF THE T
New Registered Office Address:	Enter Florida street address	C # CO
	, Florida	
	Citv	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

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
AMBR	PADULA, JAMES	8929 SE BRIDGE ROAD	☐ Add
		HOBE SOUND, FL 33455	■ Remove
			Change
MGR	JCP INTERVENTION LLC	8929 SE BRIDGE ROAD	
		HOBE SOUND, FL 33455	☐ Remove
			Change
MGR	LJG MEDIA LLC	8929 SE BRIDGE ROAD	□ Add
		HOBE SOUND, FL 33455	■ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
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			Remove
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ffective date, if other than the date of filing:		_ (optional)		
an effective date is listed, the date must be specific and cannot be prior to date. Note: If the date inserted in this block does not meet the applicable so	of filing or more than 90 d	ays after filing.) Pursua	nt to 60 t be list	5.0207 ted as
ocument's effective date on the Department of State's records.		,		
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Filing Fee: \$25.00