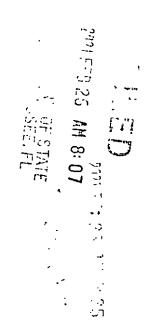
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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

2/26/21

NAME: IB FOUR LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Division of	n Section Corporations		
IB FOU			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	SEVERINE GIANESE-PI	TTMAN, ESQ.	
	 	Name of Person	.
	GIANESE-PITTMAN, P	A .	,
		Firm/Company	······································
	100 BISCAYNE BLVD, S	SUITE 3070	
		Address	
	MIAMI, FL 33132		
		City/State and Zip Code	
	SGIANESE@SGPITTMA	N.COM (to be used for future annual report not)	(Ication)
For further information	on concerning this matter, please of	·	
SEVERINE GIANES	SE-PITTMAN, ESQ.	305 722-5986	
Nar	ne of Person		e Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	e ☐ \$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 Ado Registratio		<u>Street Address:</u> Registration Se	ction
	of Corporations	Division of Cov	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

IB FOOR LLC		
(Name of the Limited I	Liability Company as it now appears on our re Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabi	iity Company were filed on	and assigned
Florida document number L21000019550	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or regis	stered office address on our records, e	nter the name of the new registered
agent and/or the new registered office address h		50 17 70
		5.
Name of New Registered Agent:		ES E
<u> </u>		TE -
New Registered Office Address:	Enter Florida street a	oddrage T
	Lines Frontad Street to	INIM COU
-		_, 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

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
MGR	HADRI JAFFAL	20803 BISCAYNE BLVD, SUITE 440	B Add
		AVENTURA, FL 33180	
			□Change
			□Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			□Change
			DAdd
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1766			2/25/21					
SHECTIVE dat If an effective d	te, if other tha late is listed, the da	n the date of ite must be specif	filing: fic and cannot be	prior to date of fi	ling or more than	(option: 90 days after fili	al) ng.) Pursuant to 605.	0207 (
Note: If the o	date inserted in t	this block does	not meet the ap	plicable statute	ory filing requir	ements, this da	ate will not be liste	d as t
document s e	ffective date on	the Departmen	i oi State s fect	mus.				
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* record speci	incs a uciayed ei	rective date, of	it not all enech	ve time, at 12:0	on and e	arlier of: (b)	The 90th day after	the
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rd is filed.	UARY 25,		2021					
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