

121 0000 19550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

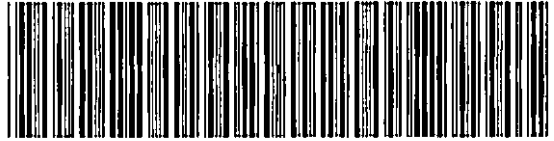
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUN 21 10:25:00

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IB FOUR 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:

Hadri JAFFAL

Name of Person

IRON BODYFIT USA INC

Firm/Company

20200 W Dixie Hwy, Ste 1201

Address

Miami, FL 33180

City/State and Zip Code

usa@ironbodyfit.com

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

For further information concerning this matter, please call:

Gregoire Lainey

305 951-1947
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IB FOUR 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 01/06/2021 and assigned
Florida document number L21000019550.

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)

20200 W Dixie Hwy, Ste 1201

Miami, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20200 W Dixie Hwy, Ste 1201

Miami, FL 33180

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:

IRON BODYFIT USA INC

New Registered Office Address:

20200 W Dixie Hwy, Ste 1201

Enter Florida street address

Miami

City


Florida

33180

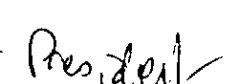
Zip Code

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



President

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	IRON BODYFIT USA INC	20200 W Dixie Hwy, Ste 1201	<input checked="" type="checkbox"/> Add
		Miami, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GORGELLIN, Mathieu	3bis Rue des Lilas	<input checked="" type="checkbox"/> Add
		76790 Gerville	<input type="checkbox"/> Remove
		France	<input type="checkbox"/> Change
MGR	JAFFAL, Hadri	20200 W Dixie Hwy, Ste 1201	<input type="checkbox"/> Add
		Miami, FL 33180	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	DELPUECH, ALEC	1111 E SUNRISE BLVD	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ALL AMBR MUST BE 18+
2021 JUN 21 AM 5:21
FLORIDA

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

Other provision, if any:

The purpose of IB THREE LLC is to operate and conduct all business activities legally permitted
in the state of Florida.

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FLORIDA

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 06/14/2021



Signature of a member or authorized representative of a member

57612

Hedra Jeffal

Typed or printed name of signee