

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L2200036603739805

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : DERHY FINANCIAL SERVICES LLC
 Account Number : 120090000059
 Phone : (786)380-3472
 Fax Number : (786)320-6879

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

Email Address: _____

13:08:34 / 10/25/22

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 IB NATURAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SECRETARY OF STATE
 ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 10/27/2022 BY 60322/UC/STP

APPROVED
 AND
 FILED

2022 OCT 27 PM 4:09

OCT 27 2022
 K. Brumbley

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IB Natural LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Issac Levy
Name of Person
IB Natural
Firm/Company
16950 North Bay Road Unit 2114
Address
Sunny Isles, FL 33169
City/State and Zip Code
derhyfinancialservices@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Issac Levy at (305) 773-9988
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

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

IB Natural 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 04/20/2022 and assigned Florida document number L2200189805

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

IB Natural 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

_____, Florida

City

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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>
MGR	Ben Elimaliach	16950 North Bay Road Unit 2114 Sunny Isles Florida	<input type="checkbox"/> Add
		33169	<input checked="" 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Lined area for amending information.

E. Effective date, if other than the date of filing: 10/26/2022 (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 October 26th 2022

Signature of Issac Levy

Issac Levy
Typed or printed name of signer

Filing Fee: \$25.00