

**L05000048139**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

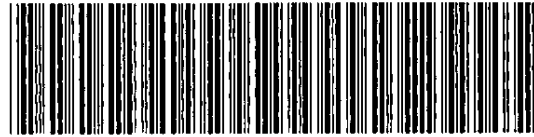
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Gerald F. Irving **NAME**  
**AUTHORIZATION BY PHONE**  
**CORRECT** the name  
**DATE** 10-9-09  
**DOC. EXAM** MSB

Office Use Only



000161108190

10/09/09--01003--005 \*\*25.00

**RECEIVED**  
09 OCT -9 AM 9:13  
FEDERAL BUREAU OF INVESTIGATION  
DIVISION OF INVESTIGATIONS  
TALLAHASSEE, FLORIDA

**FILED**  
09 OCT -9 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

OCT -9 2009

**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florida Foreclosure Placement Center, 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:

Gerald F. Iving  
Name of Person

T B S Construction, LLC  
Firm/Company

1931 NW 150<sup>th</sup> AVE Suite 206  
Address

Pembroke Pines, FL 33028  
City/State and Zip Code

Giving@TBFConstruction.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerald Iving at (954) 239-7744  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

09 OCT -9 AM 9:21

Florida Foreclosure Placement Center LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5-16-2005 and assigned  
Florida document number L05000048139.

This amendment is submitted to amend the following:

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

IBS Construction, LLC

The new name must be distinguishable and end with 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)

1931 NW 150<sup>th</sup> Ave. Suite 206

Pembroke Pines, FL. 33028

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1931 NW 150<sup>th</sup> Ave. Suite 206

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:

Gerald F. Irving

New Registered Office Address:

1931 NW 150<sup>th</sup> Ave Suite 206

*Enter Florida street address*

Pembroke Pines

*City*

Florida 33028

*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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

| Title | Name          | Address   | Type of Action   |
|-------|---------------|---|--|
| MGRM  | Gerald Irving | 1931 NW 150 <sup>th</sup> Ave Suite 206<br>Pembroke Pines, FL | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM  | Gerald Irving | 701 Brickell Ave<br>Miami, FL 32121                           | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|       |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 10-6-09, \_\_\_\_\_

Gerald Irving  
Signature of a member or authorized representative of a member

Gerald F. Irving  
Typed or printed name of signee

FILED  
09 OCT -9 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA