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S MASON

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Internet Business Store, 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:
Laurent Pierre Jr Name of Person
The Internet Business Store, LLC
14545 J Military Trail # 154
Delray Beach Florida 33484  City/State and Zip Code
Pierre j (@ ibi 2 store. com  18-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Laurent Pierre Transcription at (877) 321-4249  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{ Certificate of Status} \text{ \$\subseteq \seteq \text{ \$\sin \seteq \text{ \$\sin \seteq \text{ \$\sin \seteq \text{ \$\sin \seteq \seteq \text{ \$\sin \seteq \text{ \$\sin \seteq \seteq \seteq \seteq \seteq \end{t} \$\seteq \seteq \seteq \seteq \seteq \seteq \end{t} \$\seteq \seteq \se

#### **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

The Articles of Organization for this Limited Liability Company were filed on March 13, 200 and assigned Florida document number LO700002 1173  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 thewords "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  Line Florida street address  Line Florida Tip Code	The Intermet Bus	STHESS  ty Company as it in Limited Liability C	Shore, LL ow appears on our reco	Cords.)
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)  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	The Articles of Organization for this Limited Liability Co	Company were file		
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  Florida	This amendment is submitted to amend the following:			
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(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	The new name must be distinguishable and contain the words "Limit	ited Liability Comp	any," the designation "LI	LC" or the abbreviation "L.L.C."
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	Enter new principal offices address, if applicable:	<del></del>		
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Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	• • • • • • • • • • • • • • • • • • • •			
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida				
New Registered Office Address:  Enter Florida street address , Florida			dress on our recor	rds, <u>enter the name of the new</u>
Enter Florida street address , Florida	Name of New Registered Agent:			
	New Registered Office Address:			
			Enter Florida street add	ress
	<del></del>	City		

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 Title Name **Address Type of Action** MGR Carmen a Charles □ Add \_□ Change 145455 Military Trail #154 Delray Beach, FL 33484 MGR Sebastien Pierre ☐ Remove \_□ Change \_□ Add ☐ Remove □ Change □ Add ☐ Remove □ Change ☐ Remove □ Change 2013 Add Remove

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