

## Florida Department of State

Division of Corporations Public Access System

## **Electronic Filing Cover Sheet**

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.

(((H09000020417 3)))



H090000204173ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)444-4977

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

IBIS DEVELOPMENT GROUP, LLC

RECEIVED

09 JAN 28 PM L: L9
SECHETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Ccrtified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

ECER

35:55 8005 85 nst

1/28/2009

**८८६++++**SDE

39.2 PDUC BC 401

## ARTICLES OF AMENDMENT SECRETARY OF STATE ARTICLES OF ORGANIZATION OF

IBIS DEVELOPMENT GR		•
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company were Florida document number L08000010549	e filed on JANUARY 30, 2008	and assigned
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 end with the words "Limited I "L.L.C."	Jability Company," the designation "LLC"	or the abbreviation
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 registered agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address	)

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 Hability company has been notified in writing of this change.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

Fiorida

Page 1 of 2

(Zip Code)

(((H09000020417)))
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:

GR = Mar GRM = M	nager Ianaging Member	<i>.</i>	
<u>le</u>	<u>Name</u>	Address	Type of Action
<del></del>			Add Reniove
	· .		
<del></del>	<u> </u>		Add Remove
<del></del>			Add Remove
			Add
· <u> </u>			Add Remove
STE	ing any other information, enter change(s VEN J. WALSH - CHANGE TITLE TO MGI MOND J. ZOMERFELD - CHANGE TITLE		2/2/.) 
			99 JAN 28 SECRETAR TAPLAHASI
ed	<u> </u>	7.	V28 AM
· .	. (/	authorized representative of a member	STATE STATE
-	RAYMO Typed or	ND J. ZOMERFELD printed name of signee	<del></del>

Page 2 of 2 Filing Fee: \$25.00

€ . q