2080000 Leo 118

| (Requestor's Name) |
|---|
| |
| (Address) |
| (Addiess) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| (,,, |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| • |
| Certified Copies Certificates of Status |
| • |
| Special Instructions to Filing Officer: |
| |
| · |
| |
| |
| |
| |
| |
| |

Office Use Only



400133524444

07/29/08--01026--001 **30.00

PILED

08 JUL 29 PH 1: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIO.

D. BRUCE
JUL 3 0 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

| _{SUBJECT:} INTERNATIONAL BUSINESS CONSORTIUM, L.L.C |
|--|
|--|

(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:

| | Gilberto Garcia | | | | |
|----------------------------|--|---------------------------------|----------------------|--------|------------------|
| | ************************************** | (Name of Person) | | | |
| | INTERNATIONAL BUS | INESS CONSORTIUM, L.L.C. | | | |
| | | (Firm/Company) | | | |
| | 4693 WEST FLAGLER | STREET | | ò | |
| | | (Address) | LLA LLA | UL 80 | at en pri |
| | MIAMI, FLORIDA 33134 | | HASS | \sim | macro (phase) |
| | | (City/State and Zip Code) | mS MS | 9 PH | |
| For further information of | concerning this matter, please | call: | FLORIDA | :: 30 | |
| Gilberto Garcia | , | at (_305_ ₎ 443-4362 | A A | Ċ | |
| (Name | of Person) | | ne Telephone Number) | | |
| Enclosed is a check for t | he following amount: | | | | |
| □ \$25.00 Filing Fee | ☑ \$30.00 Filing Fee & | □\$55.00 Filing Fee & | □\$60.00 Filing Fee, | | |

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Đ

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| INTERNATIONAL BUSINESS CONSORTIUM, L. | | |
|--|---|-----------------------------|
| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on 06/18/2008 | and assigned |
| Florida document number L08000060118 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| International Business Consortium, L.L.C. | | |
| The new name must be distinguishable and end with the words "Limi"L.L.C." | ited Liability Company," the designatio | n "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | AR J |
| (Principal office address MUST BE A STREET ADDRESS) | 4693 WEST FLAGLER STREET | 2 2 |
| | MIAMI, FLORIDA 33134 | SE SE |
| Enter new mailing address, if applicable: | | PH :: |
| (Mailing address MAY BE A POST OFFICE BOX) | | DX O |
| | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | er the name of the ne |
| Name of New Registered Agent: | ·-· | |
| New Registered Office Address: | | |
| | (Enter Florida street | address) |
| | , Florida | |
| | (City) | (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 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

\$. ·

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|----------------------|------------------------------------|--|--|
| VP | Jeanette Benedict | 4693 West Flagler Street Miami, Florida 33134 | |
| | | | Add Remove |
| | | | = 5 |
| | | | Add Remove |
| | | | Add Remove |
| | | | - D |
| D. If amendin | ng any other information, enter ch | ange(s) here: (Attach additional sheets, if ne | ecessary.) |
| | | | D8 JUL 2 SECRETALIAS |
| Dated <u>07/17/0</u> | 8 | | SEE, LLORIDA |
| - | Gilberto Garcia | nber or authorized representative of a member | —————————————————————————————————————— |

Page 2 of 2

Filing Fee: \$25.00