

LO 80000 8FSP1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

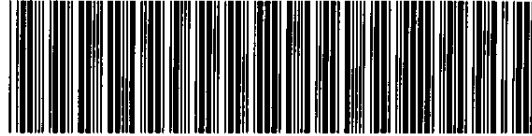
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700287775257

07/11/16--01025--027 **25.00

FILED
2016 JUL 11 P 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 12 2016
OFFICE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTERNATIONAL POWER USA 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:

CARLOS A CHAHIN

Name of Person

INTERNATIONAL POWER USA LLC

Firm/Company

2091 NW 139TH STREET

Address

OPALOCKA FL 33054

City/State and Zip Code

ipexport305@gmail.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS A CHAHIN

786

660 5507

at ()

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL 11 P 4:35

FILED

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

INTERNATIONAL POWER USA 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 09/17/2008 and assigned
Florida document number L08000088581.

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 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:	<u>CARLOS A CHAHIN</u>
New Registered Office Address:	<u>2091 NW 139TH STREET</u> <small>Enter Florida street address</small>
	<u>OPALOCKA</u> , <u>Florida</u> <small>City Zip Code</small>

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARVIN JANETTE	2655 COLLINS AV. SUITE 703	<input type="checkbox"/> Add
		MIAMI BEACH FL 33140	<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Change

JUN 11 4:55 PM
 TALLAHASSEE, FLORIDA
 RECEIVED
 2016

[illegible]

(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)

(b) The 90th day after the record is filed.

Dated

July 07, 2016.

Signature of a member or authorized representative of a member

CARLOS A CHAFIN

Typed or printed name of signee

ED
CITY OF
COUNTY OF
STATE OF FLORIDA
2016 JUL 11 P 4:35
TALLAHASSEE, FLORIDA
m on the earlier of