L08000 111199

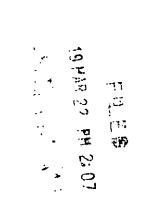
Office Use Only



100326488821

U3/22/19--U1016--U10 **30.00

S TALLENT APR 0 3 2019



MIC

COVER LETTER

то:	Registration Sec Division of Corp			e ž		
A		TIONAL BUILDERS ENTER	PRISE, LLC.			
SUBJE	C1:					
The end	losed Articles of z	Amendment and fee(s) are sub	mitted for filing.			
Please r	return all correspor	ndence concerning this matter	to the following:			
		ALEJANDRO AROCENA	\			
			Name of Person	······································		
		INTERNATIONAL BUILDERS ENTERPRISE, LLC.				
		Firm/Company				
		1950 SW 12 ST				
		 	Address	 -		
		MIAMI, FL 33135				
		City/State and Zip Code				
		ALEARO2@GMAIL.COM				
		E-mail address: (to be used for future annual report notif	fication)		
For furt	her information co	oncerning this matter, please ca	all:			
ALEJA	NDRO AROCEN	IA	305 321-5526			
	Name of	Person		e Telephone Number		
Enclose	ed is a check for th	e 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

INTERNATIONAL BUILDERS ENTERPRISE, LLC.

(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company) 12/4/2008
m	2/9/2000 CONTRACTOR OCTOBER 13 2018
The Articles of Organization for this Limited Liability	Company were filed on OCTOBER 13, 2018 and assigned
Florida document number L08000111199	 -
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
FASTRAK BUILDERS LLC.	V
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	2 :
(Mailing address MAY BE A POST OFFICE BOX)	
(Mulling unuress MAT BE A FOST OFFICE BOA)	
	
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	istered office address on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Register	ed 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>	Type of Action
			
			Remove
			☐ Change
			Add
			□ Remove
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			
			□ Remove
			□ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
,	
•	
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	MARCH 20 . 2019.
	M = 1
	Signature of a member of authorized representative of a member
	ALEJANDRO AROCENA

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00