L09000016343

		
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COVER LETTER

TO:

Registration Section Division of Corporations

IBIKE POWERSPORTS, LLC

SUBJECT:

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:

ANDREA FERREIRA

Name of Person

Assured Accounting and Tax Services

Firm/Company

400 E. Atlantic Blvd Ste D

Address

Pompano Beach, FL 33060

City/State and Zip Code

ibkusa@hotmail.com

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

For further information concerning this matter, please call:

Andrea Ferreira

ູ,⁹⁵⁴ຸ**793-035**3

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IBIKE POWERSPORTS, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

(A FIOR	ida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L09000016343	ty Company were filed on 02/17/20	and assigned
This amendment is submitted to amend the tollowing	g:	
A. If amending name, enter the new name of the	limited liability company here:	
IBK USA CONSULTING, LLC.		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicables	<u> </u>	(2) (2) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
(Principal office address MUST BE A STREET AL	DDRESS)	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
Withing Both Est Will BEAT ONLY OF THE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office: Name of New Registered Agent: New Registered Office Address:	address here: Enter Flori	ords, enter the name of the new
_	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	•	·

If Changing Registered Agent, Signature of New 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

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	
			Add	
			Remove	
			Add	
			Remove	
			Add	
,s			Add COREMONE .	
			Add	
			Remove	
			Add	
			Remove	

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	
Dated	DECEMBER, 20, 2013.
	1990a
	Signature of a member or authorized representative of a member
	Diheao SANTANA
	Typed or printed name of signee
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