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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 2108 IBT3 LLE 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:
Carolina Juiz Name of Person
2108 IBT3, LLK
Firm/Company
18246 Collins Avenue
Junny Johes Beach FL. 3316D City/State and Zip Code Fernando e broker miami. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Status & Certified Copy (additional copy is enclosed)} \$\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

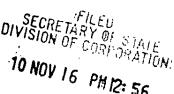
MAILING ADDRESS:

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



2108 IBT3	LLE			72. 26
		y as it now appears on lability Company)	our records.)	
The Articles of Organization for this Limited L.	iability Company	were filed on	2/19/2	Olo and assigned
Florida document number LIDDOD	109170		j — T	_ •
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limite	ed Liability Company,"	the designation	"LLC" or the abbreviation
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	<u>r Address)</u>			*****
			<u> </u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE E	OX)			
				·
B. If amending the registered agent and/or registered agent and/or the new registered off		e address on our re	ecords, <u>enter</u>	the name of the new
Name of New Registered Agent:	Car	oliva t) Luiz	
New Registered Office Address:	18246	Cohhin	s Ave	nue
	Sunny			
		Tohes	, FIO FIGA	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.

Carolina Vill If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager MGRM = Managing Member Title Name <u>Address</u> **Type of Action** Carolina Ruiz Remove \square Add Remove ☐ Remove Add Remove ∏Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized presentative of a member aroliNA Typed or printed name of signee

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:

Page 2 of 2

Filing Fee: \$25.00