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T. HAMPTON

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EXAMINER

# **COVER LETTER**

Division of Co	orporations					
SUBJECT:	В	IBO, LLC	• .			
SCOSECI.		ited Liability Company		•		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	oondence concerning this matte	r to the following:	•			
	, <u> </u>	arina Barturen, Esquire				
		Name of Person				
The Law Offices of Marina Barturen						
		Firm/Company		•		
	100 S.E. 2nd Street, Suite 2610					
	<u> </u>	Address				
		Miami, Florida 33131				
City/State and Zip Code						
	ba	rturenlaw@yahoo.com		•		
		to be used for future annual report no	otification)			
For further information	concerning this matter, please	call:				
Marina	Barturen, Esquire	at (_305 )	423-3500			
Name	of Person	Area Code & Day	time Telephone Number	r		
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 enclose	sed) Certified	te of Status &		

## MAILING ADDRESS:

TO:

**Registration Section** 

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



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	BIBO, LLC	54 C2F V	<del>VRY OF</del> STATE
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea Limited Liability Company)	rs on our records HA	SSEE, FLORIDA
The Articles of Organization for this Limited Liability Florida document numberL10000111761	* -	10/26/2010	and assigned .
	- <del></del>		
This amendment is submitted to amend the following:			·
A. If amending name, enter the new name of the lir	nited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		• .	
(Principal office address MUST BE A STREET ADD	RESS)		•
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad-		our records, enter t	he name of the new
registered agent and/or the new registered office ad-	aress nere.		
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street ad			ress
	, 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
MGR	Marina Barturen, Esqu	ire 100 S.E. 2nd Street Suite 2610 Miami, Florida 33131	✓ Add ☐ Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If amen	ding any other information, en	ter change(s) here: (Attach additional s	heets, if necessary.)
_			FIL 2011 NOV 21 SHORE AR TALLAHASS
  Dated	November 10	, <u>2011</u> .	PH 1:54 YOF STATE
	Ma	im Bat	<b>₽</b>
	Signature of	a member or authorized representative of a	member
	N	arina Barturen, Attorney-at-Law Typed or printed name of signee	

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Filing Fee: \$25.00