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(Re	questor's Name)	
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4. Shivers NOV 1 9 2014

COVER LETTER

TO: Registration Se Division of Cor			
IBISCUS	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ELENA BATTANI		
		Name of Person	
	IBISCUS LLC		
		Firm/Company	
	1410 20TH ST NO	203	
		Address	
	MIAMI BEACH, FLO	ORIDA 33139	
		City/State and Zip Code	
	ELENABATTANI@G	MAIL.COM to be used for future annual report notific	ation)
For further information of	concerning this matter, please c		ations
	concerning this matter, prease e		
ELENA BATTANI		305 915-9565	
Name o	of Person	Area Code Daytime 1	Celephone Number
Enclosed is a check for the	he 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)
	ING ADDRESS: ration Section	STREET/COURIER Registration Section	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IBISCUS LLC		
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L10000116284	y Company were filed on 11/08/2010	and assigned
This amendment is submitted to amend the following	Ţ. 2.	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	2	
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:		SE C
New Registered Office Address:		ARE SO
	Enter Florida street address , Florida	NRY SSEI
	City	Zip Calle
New Registered Agent's Signature, if changing Register	ered Agent:	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered	nd complete performance of my duties, and I a	nt familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	BINI, STEFANO	1410 20TH ST SUITE 203	
		MIAMI BEACH, FL 33139	■ Remove
			D Add
			☐ Remove
			□ Add
			□ Remove
			Remove
			14 NOTE SECRET
			Addr SS Remove
			□ Add
			□ Remove

If amending any other inform:	ation, enter change(s) here: (Attach additional sheets, if necessary,)
+		
-		
Effective date, if other than the The effective date must be specific, can the date this document is filed by the F	e date of filing: (optional) not be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State)	
Dated NOVEMBER 5,	2014	
x SS	we fooke:	
ELENA BATTANI	Signature of a member or authorized representative of a member	
	·	

Page 3 of 3

Filing Fee: \$25.00

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