

L10000123925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2011 AUG 15 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG 16 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IB ECO TECHNOLOGIES LLC
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:

ZORAIDA ORTA

Name of Person

PROFESSIONAL BUSINESS ADVISORS II INC

Firm/Company

9485 SUNSET DR STE A-200

Address

MIAMI FL 33173

City/State and Zip Code

pbatax@bellsouth.net

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

For further information concerning this matter, please call:

ZORAIDA ORTA

Name of Person

at (**305**)

596-9333

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

FILED

2011 AUG 15 PM 8:40

IB ECO TECHNOLOGIES LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The Articles of Organization for this Limited Liability Company were filed on DEC 01/2010 and assigned
Florida document number L10000123925.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1800 N BAYSHORE DR SUITE 1810

(Principal office address **MUST BE A STREET ADDRESS**)

MIAMI FL 33132

Enter new mailing address, if applicable:

1800 N BAYSHORE DR SUITE 1810

(Mailing address **MAY BE A POST OFFICE BOX**)

MIAMI FL 33132

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

GISELLE C NEWMAN

New Registered Office Address:

1800 N BAYSHORE DR SUITE 1810

Enter Florida street address

MIAMI

Florida

33132

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 606, 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> | <u>Type of Action</u> |
|--------------|-------------------|---|--|
| MGRM | MAIGUALIDA TORRES | 9737 NE 41 ST STE 518 MIAMI FL 33178 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | GISELLE C NEWMAN | 1800 N BAYSHORE DR SUITE 1810 MIAMI FL 33132 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member

MAIGUALIDA TORRES

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 AUG 15 PM 3:40

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