

111000083368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

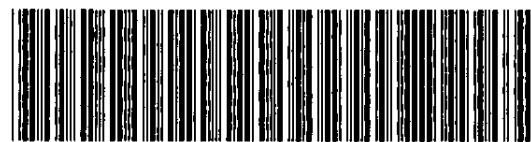
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900245452219

03/12/13--01025--022    \*\*25.00

STATE OF WASHINGTON  
SECRETARY OF STATE  
REVISION OF DOCUMENTS  
2013 MAR 12 AM 8:46

C. LEWIS  
MAR 13 2013  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**IBANIETA, 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:

**EMMANUEL ALDABE**

Name of Person

**COSMO MANAGEMENT LLC**

Firm/Company

**700 NE 90TH ST**

Address

**MIAMI, FL 33138**

City/State and Zip Code

**CRISTIANE@THECOSMOTeam.COM**

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

For further information concerning this matter, please call:

**CRISTIANE LEON**

Name of Person

**305 744-2297**

at (\_\_\_\_\_) Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$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** RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2013 MAR 12 AM 8:46

**IBANIETA, LLC**

**(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 07/20/2011 and assigned Florida document number L11000083368.

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:

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

---

---

Enter new mailing address, if applicable:

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

---

---

**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:

---

New Registered Office Address:

---

*Enter Florida street address*

---

, 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**

FIELD  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Date</u>	<u>Type of Action</u>
MGR	EMMANUEL ALDABE	700 NE 90TH ST, MIAMI, FL 33138	2013 MAR 12 AM 8:46	<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
				<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
				<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.)

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2013 MAR 12 AM 8:46

Dated 02-20-2013,



Signature of a member or authorized representative of a member

**JOSIANE ALDABE**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**