

L12000127785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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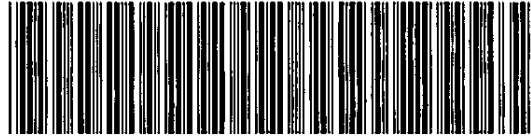
(Business Entity Name)

(Document Number)

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12/08/15--01009--002 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC -8 PM 12:48

FILED

K. SALY
EXAMINER
DEC 10 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IBARRA'S INVESTMENTS L.L.C.
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:

YOHANA A IBARRA

Name of Person

Firm/Company

4433 PALM BEACH BLVD

Address

FORT MYERS FL, 33905

City/State and Zip Code

JOHANA0485@GMAIL.COM

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

For further information concerning this matter, please call:

YOHANA A IBARRA

Name of Person

239 at ()

Area Code

690-1277

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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
OF**

IBARRA'S INVESTMENTS L.L.C.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/08/2012 and assigned
Florida document number L12000127785.

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 contain 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)

4448 PALM BEACH BLV

FORT MYERS FL, 33905

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4433 PALM BEACH BLVD

FORT MYERS FL, 33905

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:

YOHANA A IBARRA

New Registered Office Address:

4448 PALM BEACH BLVD

Enter Florida street address

FORT MYERS

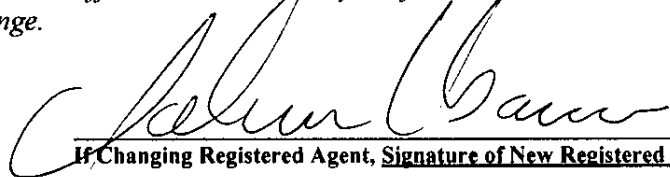
Florida 33905

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 605, 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.


Yohana A. Ibarra
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
OWNER	CARLOS H IBARRA	4448 PALM BEACH BLVD	<input type="checkbox"/> Add
		FORT MYERS FL, 33905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
OWNER	YOHANA A IBARRA	4448 PALM BEACH BLVD	<input checked="" type="checkbox"/> Add
		FORT MYERS FL, 33905	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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CLERK OF THE COURT
TALLAHASSEE, FLORIDA

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

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2016 DEC - 8 PM 12:48
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 12/02/15, 2:20 pm

Signature of a member or authorized representative _____, 2/20/81

Signature of a member or authorized representative of a member

Charles H. Thomas

Typed or printed name of signee