L13000002207

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SECRETARY OF STATE DIVISION OF CHEFORATIONS

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COVER LETTER

TO: Registration Section
Division of Corporations

Surfect. Trust Hospitality Palm Beach, 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:

John Michael Register

Name of Person

Trust Hospitality

Firm/Company

806 South Douglas Road

Address

Coral Gables, FL 33134

City/State and Zip Code

johnmichaelregister@gmail.com

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

For further information concerning this matter, please call:

John Michael Register

at (305 608-3522

Name of Person

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 SECRETARY OF STATE DIVISION OF CORPORATIONS

Trust Hospitality Palm Beach, LLC

13 MAR 14 AM 11: 00

(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 01/04/20	ond assigned
Florida document number L13000002207		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
IBCavalier, LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida 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 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 **Title** <u>Name</u> **Address Type of Action** Add Remove Remove LE Bove Remove Add Remove Add Remove

,	,	ion, enter enange(s) ner	e: (Attach additional s	meeis, y necessary.)
1. /				
March	<u> </u>	2013		
	Jaln	ature of a member or author Michael Typed or printe	Reguta	
	Sign	ature of a member or author	prized representative of a	member
			I/O_A C $+O$	/ ~

Page 3 of 3

Filing Fee: \$25.00

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