

L13000110068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

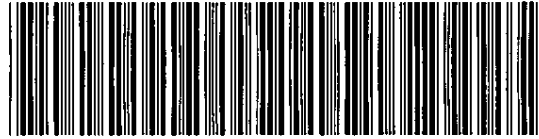
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
2014 AUG 19 PM 4:14
19 AUGUST 2014
SUFFICIENCY OF FILING

2014 AUG 19 AM 10:30
19 AUGUST 2014
SUFFICIENCY OF FILING



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 259975 7871726

AUTHORIZATION :

COST LIMIT : \$25.00

Liquidation

ORDER DATE : August 18, 2014

ORDER TIME : 1:49 PM

ORDER NO. : 259975-005

CUSTOMER NO: 7871726

DOMESTIC AMENDMENT FILING

NAME: T-IBA, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

14 AUG 19 3:10:30
14 AUG 19 3:10:30
14 AUG 19 3:10:30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIBA, 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:

KEVIN & TAKAKO BONNER

Name of Person

TIBA, LLC

Firm/Company

PSC 80 BOX 22392

Address

APO AP 96367

City/State and Zip Code

mr.kbonner@gmail.com

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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**

T-IBA, 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 08-05-2013 and assigned
Florida document number L13000110068.

This amendment is submitted to amend the following:

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

TIBA, LLC

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)

1036 SOFTSHOE PLACE

PENSACOLA, FL 32506

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PSC 80 BOX 22392

APO AP 96367

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 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.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KEVIN BONNER	PSC 80 BOX 22392	<input checked="" type="checkbox"/> Add
		APO AP 96367	<input type="checkbox"/> Remove
MGR	TAKAKO BONNER	PSC 80 BOX 22392	<input checked="" type="checkbox"/> Add
		APO AP 96367	<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.)*

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 more than 90 days after filing.) (605.0207 (3)(b))

Dated August 19, 2014

KEVIN BONNER, MEMBER

Kevin E. Bonner
Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

16 AUG 19 11:10:30
605.0207 (3)(b)