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SECRETARY OF STATE
TALL AHASSUE, FLORIDA

J. Shivers DEC 1 8 2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TBRIOO 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:
CESAR A SANDOVAL
IBRIOO LLC Firm/Company
12173 NW 59 ST
PARKLAND, FL 33076 City/State and Zip Code Mmoveno 773 @ hotmail - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$(additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$ 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

IBR	1001	LC			
(Name of the Limited Liability Compan (A Florida Limited Lia	<mark>, as it now appears on</mark> ibility Company)	our records.)			
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on	2/12/20	1 <u>3</u> an	nd assig	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	ity company here:				
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the desi	gnation "LLC" or th	e abbreviat	tion "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 off registered agent and/or the new registered office address here.		ur records, <u>ente</u>	er the na	ame o	of the nev
Name of New Registered Agent:				Ħ	المرات
New Registered Office Address:				<u> </u>	<u>ئ</u> چ ن
	Enter Florida	street address	JSS ABY	5	C) Date and
		, Florida .	<u> </u>	<u> </u>	
New Registered Agent's Signature, if changing Registered Agent:	Ciţv			-cyge	Ard - T'S They
			Ę.m.	+	1 4,1 .1

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 = Aut	horized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	MARCELO V. MOF	Reno-Espin	_ b Add
		TRIFTS NW 59 ST PARKLAND, FL 33071	}y
		PARKLAND, FL 3307	∠ □ Remove
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The effec	ve date, if other than the date of filing:
Dated _	December 10th 2014
	Cesar Gandoral
	Signature of a member or authorized representative of a member (ESAL A · Sandov

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SECRETARY OF STATE