11/27/2020

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TUCONTADORENMIAMI.COM LLC

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **IBCO LLC**

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help



Nov 30, 2020 08:46 (UTC-05)

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

IBCO LLC		
(Name of the Limited Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	04/30/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company b	<u>nere</u> :	
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:		0
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	30
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AH IO: QL
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the na	me of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	<u></u>
New Registered Office Address: Enter F	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 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>	Type of Action
MGR	Best4Logistic LLC	221 W Hallandale Beach Blvd, Suite 312	
		Hallandale Beach, Fl 33009	□Remove
			\(\exists \) Change
			🗀 Add
			Elemove Officiange
			DE OVE
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Signature of a member or authorized representative of a member	Ailleruo Cook or or authorized representative of a member	Dated	November 27th	2020			
Signature of a member of additional representative of a member	of authorize representation of a member	-	6	Guillerun	Cook		
			Signatu	re of a memoer of authorized	representative of a monthly		

Filing Fee: \$25.00