-L14 000082300 -

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COVER LETTER

TO: Registration Se Division of Cor	porations		·
SUBJECT: IB 1	& Associates Name of Lim	LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ndence concerning this matter	to the following:	
	Phillip	o Conquest Name of Person	······································
	•		
		Firm/Company	**************************************
	8333	Dixie Beeling Address	e Hwy
	Guthr	City/State and Zip Code Conquest. to be used for future annual report notif	4
	E-mail address: (o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Phillip Name o	Conquest FPerson	at (931) 572 Area Code Daytime	7186 Telephone Number
Enclosed is a check for the	ne 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

TBL ASSOCIA (Name of the Limited Liability Com		n our records.)			
(A Florida Limite	d Liability Company)				
The Articles of Organization for this Limited Liability Compar	by were filed on $5/$	21/201	<u>4</u> aı	nd assig	gned
Florida document number <u>L14 000082300</u>	,	,			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lis	ability company here	:			
The new name must be distinguishable and end with the words "Limited Li	iability Company," the des	ignation "LLC" or	the abbrevia	ution "L.I	L.C."
Enter new principal offices address, if applicable:			E SE		
•		/ .	<u>-</u>	<u>_</u> -	77
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	\sim	TANKAN .
			<u> </u>	- T	TV ultramad
				PK !	
Enter new mailing address, if applicable:	***************************************			. [
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	
B. If amending the registered agent and/or registered	office address on a	ur records en	ter the n	ame of	f the ne
registered agent and/or the new registered office address he		ut records, <u>en</u>	the in	ame of	i the ne
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida	street address			
		, Florida	,		
	City	, 1 101141	Zip	Code	
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>				
I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple					

If Changing Registered Agent, Signature of New Registered Agent

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 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

$\mathbf{AMBR} = \mathbf{A}$	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Philip Conquest	8333 Dixie Beeline Hw Guthrie ky, 42234	d □ Add
		Guthrie ky, 42234	Remove
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	
			COP N Pulses
			F STAF
			Add
			Remove
			□ Remove
			
			□ Add
			Remove

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The effec	re date, if other than the date of filing:(optional) tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
The effect the date	
(The effec	tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
The effect the date	tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State) July 17, 2014.
The effect the date	tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)

14 JUL 21 PM L: L5 SECRETARY OF STATE: ALLAHASSEE, FLORIB!

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Filing Fee: \$25.00