

L14000082300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

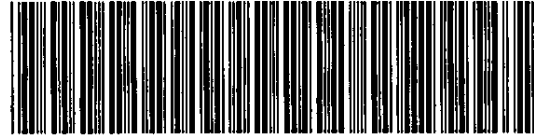
(Business Entity Name)

(Document Number)

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DEPT OF STATE
TALLAHASSEE, FLORIDA

AUG 19 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IB1 & Associates 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:

Peter Bonneau

Name of Person

Bonneau Financial Service Inc

Firm/Company

1106 W Indiantown Road Suite 3

Address

Jupiter Florida 33458

City/State and Zip Code

peter@bonneaucpa.com

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

For further information concerning this matter, please call:

Peter Bonneau

561 747-0160
at ()

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**

IB1 & Associates 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 5/21/2014 and assigned
Florida document number L14000082300.

This amendment is submitted to amend the following:

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

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:

(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 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:

Peter Bonneau CPA

New Registered Office Address:

1106 W Indiantown Road Suite 3

Enter Florida street address

Jupiter

, Florida 33458

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 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>	<u>Type of Action</u>
MGR	Ivan Brannan	5080 North Ocean Drive #20A	<input type="checkbox"/> Add
		West Palm Beach Florida 33408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chris LaRoche	11420 US Highway 1 Box 127	<input checked="" type="checkbox"/> Add
		North Palm Beach Florida 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 AUG 17 4:11:33
LOCAL AUTHORITY
TALLAHASSEE, FLORIDA

10 AUG 17 AM 11:02
FBI
UNCLASSIFIED

16 AUG 17 AM 11:09
FBI LABORATORY
FBI LABORATORY
FBI LABORATORY

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 10, 2016

Lawrie LaRache

Signature of a member or authorized representative of a member

Laurie LaRoche

Typed or printed name of signee