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COVER LETTER

	egistration Se ivision of Cor			
cupieca	IB1 & Asso	ociates LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence 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		· · ·
For further	information co	oncerning this matter, please ca	to be used for future annual report notif	ication)
Peter Boni	neau		561 747-0160	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e 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		
(<u>Name of the Lim</u>	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited I	Liability Company were filed o	on 5/21/2014 and assigned
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name	of the limited liability compa	ny 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 appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		(5)
Enter new mailing address, if applicable:		HASSE HASSE
(Mailing address MAY BE A POST OFFICE BOX)		The proper
		50 = -
B. If amending the registered agent and registered agent and/or the new registered of		ss on our records, enter the name of the ne
Name of New Registered Agent:	Peter Bonneau CPA	
New Registered Office Address:	1106 W Indiantown Road Su	nite 3
	Ente	r 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

Page 1 of 3

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>	Address	Type of Action
MGR	Ivan Brannan	5080 North Ocean Drive #20A	
		West Palm Beach Florida 33408	■ Remove
			Change
MGR	Chris LaRoche	11420 US Highway 1 Box 127	■ Add
		North Palm Beach Florida 33408	□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			A Change Change
	•		□ Remove
		·	□ Change
			□ Remove
			Change

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Filing Fee: \$25.00