

L140000 82300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

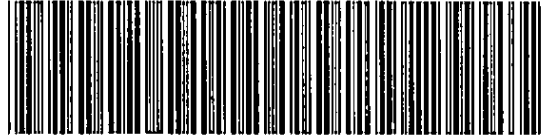
(Business Entity Name)

(Document Number)

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Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2018

PETER L BONNEAU CPA
1015 W INDIANTOWN RD STE 202
JUPITER, FL 33458

SUBJECT: IB1 & ASSOCIATES, LLC
Ref. Number: L14000082300

We have received your document for IB1 & ASSOCIATES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 618A00000670

*Fax
850-245-6030*

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 L Bonneau CPA

Name of Person

Bonneau Accounting Services Inc

Firm/Company

1015 W Indiantown Road Suite 202

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 L Bonneau CPA

561 747-0160
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

IBI & 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:

New Registered Office Address:

Enter 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 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	Laurie LaRoche	11420 US Highway 1	<input type="checkbox"/> Add
		Box 127	<input checked="" type="checkbox"/> Remove
		North Palm Beach Florida 33408	<input type="checkbox"/> Change
MGR	Ivan Brannen	11420 US Highway 1	<input checked="" type="checkbox"/> Add
		Box 127	<input type="checkbox"/> Remove
		North Palm Beach Florida 33408	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

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 January 26, 2018

Lauree LaRoch

Signature of a member or authorized representative of a member

Laurie LaRoche - Please see attached signature page

Typed or printed name of signee