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J. Shivers DEC 1 7 2014

## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT:	IBRID Name of Limite	O USA d Liability Company	LLC
The enclosed Articles of Ar	mendment and fee(s) are submi	itted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	MAF	Name of Person	IORENO-ESPIN
	IBR	Firm/Company	LLC
	12173	NW 59	ST.
	PARKL mmoreno E-mail address: (to	City/State and Zip Code 773 @ hot be used for future annual report notific	mail. com
For further information co	ncerning this matter, please ca	11:	<u> </u>
MARCELO Name of	V. MORE		- 2896 Telephone Number
Enclosed is 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

IBRIDO	USA, LLLC
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number LIHOO 1164	vere filed on 7/24/2014 and assigned
This amendment is submitted to amend the following:	TAIS -
A. If amending name, enter the new name of the limited liabili	ity company here:
	USA, LLC SE
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12173 NW 54 SI
(Principal office address MUST BE A STREET ADDRESS)	FARKLANO ELS
	33076
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	12173 NW 59 ST PARKLAND, FL 33076
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	RCELO V. MORENO-ESPIN
New Registered Office Address:	t3 nw 59 st
PA	Enter Florida street address  2KLANO, Florida  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 atteress. 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

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Address</u> Type of Action <u>Name</u> PAUL HARNISTH 5465 WILES RD COCONUT CRECK, FL BREMOVE □ Add ☐ Remove 28 □ Add ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove

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:

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D. If amendin	g any other info	rmation, ente	er change(s	) here: <i>(A</i>	ttach additi	ional she	ets, if necessi	ary.)		خصر دو د
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E. Effective d	ate, if other thai	n the date of f	ilina.	•			wpnon	-D		
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the date this	document is filed by	ŀ	rtment of State		ı Li					
Dated	Tecer.	n bea		<u>, 20</u>	14	Ì				
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-	<del></del>	Signature	of a member	or authorized	representati	ve of a me	mber			
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