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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 13 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IBMO, 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:

Igor Grinberg
Name of Person

IBMO, LLC
Firm/Company

19390 NW 2ND AVE.
Address

MIAMI GARDENS, FL 33169
City/State and Zip Code

BORISN7@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Igor Grinberg at (917) 681-3259
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

IBMO, LLC

Page 1 of 3

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>AMBR</u>	<u>OLEG KISLYANSKY</u>	<u>19390 NW 2ND AVE</u>	<input type="checkbox"/> Add
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		<u>MIAMI GARDENS, FL 33169</u>	<input checked="" type="checkbox"/> Remove
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<u>AMBR</u>	<u>BORIS FIDELMAN</u>	<u>24 EMILY RD</u>	<input type="checkbox"/> Add
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		<u>MANALAPAN, NJ, 07726</u>	<input checked="" type="checkbox"/> Remove
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☐ Remove

☐ Add

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEB, 05, 2015.



Signature of a member or authorized representative of a member

IGOR GRINBERG

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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