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SECRETARY OF STATE
TALL AHASSEE, FLORIO

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COVER LETTER

r r

TO: Registration Sec Division of Corp			
SUBJECT:	IBMO, LL	C. ited Liability Company	
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub-	•	
Please return all correspon	dence concerning this matter	to the following:	
	Igon	Grinberg Name of Person	
	IBMO	, LLC Firm/Company	
		2ND Ave,	
		beys PL City/State and Zip Code	
		o be used for future annual report notif	
For further information co	ncerning this matter, please ca	all:	
IGOR G Name of	YIN BEY G Person	at (<u>917</u>) <u>681</u> Area Code Daytime	- 3259 Telephone Number
Enclosed is a check for the	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

IBMO, LIC	
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company well- Florida document number <u>LIS 000006454</u> .	re filed on JA4 01 , 2015 and assigned
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 end with the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	75 ALI
(Principal office address MUST BE A STREET ADDRESS)	JAN AHLA
	GRINBERG
New Registered Office Address: S'A	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	il
l hereby accept the appointment as registered agent and agree t provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as prov	formance of my duties, and I am familiar with and

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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	OLEG KISLYANSKY	19390 NW 2ND AVE	D Add
		MIAMI GARDENS, FL 33H	9 🛱 🏚 Remove
AMBR	BORIS FIDELHAN	24 EMILY RD	□ Add
		MANALAPAN, NS, 07726	jz Remove
			TALEDAG A
			15 JAN - EV PN L: 06 SEDRETARY OF STATE Add
			L: 06 STATE Add
			Remove
		 	 □ Add
			□ Remove
			□ Add
			□ Remove

ective date, if o	other than the date of fi	ling:	(optional)
	other than the date of fit the specific, cannot be prior to tis filed by the Florida Depart	ling: o date of receipt or filed date and cannot ment of State)	(optional) be more than 90 days after
date this documen	t is filed by the Florida Depart	ment of State)	(optional) be more than 90 days after
date this documen		ment of State)	(optional) be more than 90 days after
date this documen	t is filed by the Florida Depart	ment of State)	(optional) be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA