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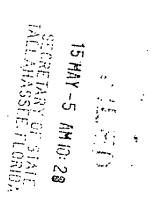
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April 28, 2015

Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

RE.: IBGS LLC

DOCUMENT NO. L15000033643

Dear Sir/Madam:

We respectfully submit to you the enclosed Articles of Amendment along with a check in the amount of \$25.00 for filing.

If you have any further questions, please do not hesitate to contact us,

Respectfully

Christopher Tyrrell Esq.

Partner

The Calderaro Tyrrell Law Group

COVER LETTER

TO:	Registration S Division of Co				
	IBGS, L	LC			
SUBJE	СТ:		ited Liability Company		
The enc	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all corresp	ondence concerning this matter	to the following:	•	
		SANDRA R. CALDE	RARO		
		<u> </u>	Name of Person		
		CALDERARO TYRE	RELL LAW GROU	JP	
			Firm/Company		
		6301 NW 5TH WAY, SUITE 2000			
		Address			
		FORT LAUDERDALE, FL 33309			
			City/State and Zip Co	ie	
		rcalderaro@visamiar			
		E-mail address: (to be used for future annu	ial report notifi	cation)
For furt	her information	concerning this matter, please ca	all:		
Sandr	a R. Calder	aro	954	376-6161	
	Name	of Person	Area Code	Daytime	Telephone Number
Enclose	d is a check for	the following amount:			
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAII	LING ADDRESS:	STRE	ET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IBGS, LLC			
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number L15000033643	Company were filed on February 23, 201	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lir</u>	mited liability company here:		
The new name must be distinguishable and end with the words "I	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 ADD	ORESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	.		
B. If amending the registered agent and/or reg	·	ater the name	of the new
registered agent and/or the new registered office ad	iuress nere.		,
Name of New Registered Agent:		<u> </u>	19.7
New Registered Office Address:	Enter Florida street address		\$19 are # 4 }
	, Florid	200 AND 200	Ting of
	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 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>	Name	Address	Type of Action
AMBR	MIKEL BARANDIARAN	3340 NE 190TH STREET, UNIT 1207	
		AVENTURA, FL 33180, USA	Remove
AMBR	Jose Manuel Garcia ColmeNA	2653340 NE 190TH STREET, UNIT 1207	■ Add
		AVENTURA, FL 33180, USA	□ Remove
AMBR	Itziar J. Barandiaran Go Ñ i	3340 NE 190TH STREET, UNIT 1207	■ Add
		AVENTURA, FL 33180	Remove
			Add; Remove; O SINIS Add Remove; Remove
	·		□ Add
			□ Remove

if amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Effective	date, if other than the date of filing: (optional)
	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date thi	s document is filed by the Florida Department of State)
Dated	
	Total Danaudranay
	Signature of a member or authorized representative of a member
	Idoia Barandiaran
	Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

15 MAY -5 AM 10: 20