



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000217617 3)))



H170002176173ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : AMBAR DIAZ, P.A.
Account Number : I20110000016
Phone : (305)476-8100
Fax Number : (305)476-8788

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please****

Email Address: pat.oceanside@gmail.com

2017 AUG 16 AM 10:23
TALLAHASSEE, FLORIDA

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INTERNATIONAL BUSINESS & TRAVEL OPPORTUNITIES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2017 AUG 16 AM 10:07
TALLAHASSEE, FLORIDA

COVER LETTER

(((H17000217617 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: INTERNATIONAL BUSINESS & TRAVEL OPPORTUNITIES 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:

WILLIAM P MURPHY

Name of Person

INTERNATIONAL BUSINESS & TRAVEL OPPORTUNITIES LLC

Firm/Company

737 N Ocean Blvd PMB 137

Address

Lauderdale by the Sea, FL 33308

City/State and Zip Code

pat.oceanside@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM P MURPHY

954 654-3786

Name of Person

at ()

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

(((H17000217617 3)))

FILED
2017 AUG 16 A 10:23
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT ((H17000217617 3)))
TO
ARTICLES OF ORGANIZATION
OF

INTERNATIONAL BUSINESS & TRAVEL OPPORTUNITIES 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 04/22/2015 and assigned
 Florida document number L15000070886.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NO CHANGES

(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:

NO CHANGES

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

NO CHANGES

(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:

NO CHANGES

New Registered Office Address:

NO CHANGES

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

(((H17000217617 3)))

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>
AMBR	WILLIAM P MURPHY	4737 N. OCEAN BOULEVARD,	<input checked="" type="checkbox"/> Add
		PMB 137	<input type="checkbox"/> Remove
		LAUDERDALE BY THE SEA, FL 33308	<input type="checkbox"/> Change
AMBR	CARLOS L DEL VALLE	1163 NE 88 ST.	<input type="checkbox"/> Add
		MIAMI FL 33138	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 AUG 16 AM 10:23
HILLASSIST.FLORIDA

FILED

(((H17000217617 3)))

(((H17000217617 3)))

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

CARLOS DEL VALLE'S MEMBERSHIP IN THE COMPANY CEASED COMPLETELY AS OF
 JANUARY 1ST, 2017. WILLIAM P. MURPHY BECAME THE SOLE MEMBER AND MANAGER
 AS OF THE SAME DATE.

2017 AUG 16 A 10:23
 ALLAH/SSC.FLORIDA

FILED

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
 (b) The 90th day after the record is filed.

Dated JUNE 14TH, 2017

William P. Murphy
 Signature of a member or authorized representative of a member

WILLIAM P. MURPHY

Typed or printed name of signee

(((H17000217617 3)))