

L15000171541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

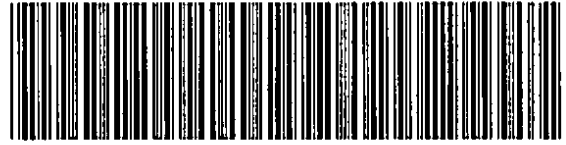
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800316608328

08/06/18--01014--022 ++25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG -6 PM 3:29

N COOPER

AUG 09 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I.B.S USA 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:

MASSIMILIANO STAMERRA

Name of Person

Firm/Company

315 86TH STREET, APT 1

Address

MIAMI BEACH, FL 33141

City/State and Zip Code

info@caprinewstyle.com

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

For further information concerning this matter, please call:

Massimiliano Stamerra

754
at ()
Area Code

209-4209

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

I.B.S USA 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 10/08/2015 and assigned
Florida document number L15000171541.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

315 86th Street, Apt, 1

Miami Beach, Florida 33141

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

315 86th Street, Apt, 1

Miami Beach, Florida 33141

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG - 6 PM 3:29

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:

Massimiliano Stamerra

New Registered Office Address:

315 86th Street, Apt, 1

Enter Florida street address

Miami Beach, Florida

, Florida

33141

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 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	Massimiliano Stamerra	315 86th Street, Apt, 1	<input checked="" type="checkbox"/> Add
		Miami Beach, Florida 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Blanca Y Ortiz	3311 El Jardin Dr Apt 4	<input type="checkbox"/> Add
		Hollywood, FL 33024	<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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
18 AUG -6 PM 3:28

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 August 3rd 2018

Signature of a member or authorized representative of a member

Massimiliano Stamerra

Typed or printed name of signee