## 16000136335

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
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K. SALY NOV 28 2016

## **COVER LETTER**

Divi	ision of Cor	porations				
SUBJECT:	-	ement, LLC				
SUBJECT.		Name of Lim	ited Liability Company			
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Christina Horton				
			Name of Person			
		Wyoming Corporate Servi	ces, Inc.			
	Firm/Company					
	1712 Pioneer Ave. Suite 7000					
	Address					
		Cheyenne, WY 82001				
			City/State and Zip Code			
		E-mail address: (	to be used for future annual report notifi	cation)		
For further in	iformation co	oncerning this matter, please ca	all:			
Christina Ho	orton		800 990-0433			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	iling 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:

то:

**Registration Section** 

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

FILED
2016 NOV 21 PM 3: 39
SECRETARY OF STATE
ALLAHASSEE EL DOIDA

IBC Management, LLC

(Name of the Limited Liability Company as it now appears on our records

	·	SEE. FLORIDA		
The Articles of Organization for this Limited Liability Company	and assigned			
Florida document number L16000136335				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1712 Pioneer Ave.			
Principal office address MUST BE A STREET ADDRESS)	Suite 206			
	Cheyenne, WY 82001			
Enter new mailing address, if applicable:	1712 Pioneer Ave.			
Mailing address MAY BE A POST OFFICE BOX)	Suite 206			
	Cheyenne, WY 82001			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	<u>e</u> :	enter the name of the		
registered agent and/or the new registered office address here  Name of New Registered Agent:		enter the name of the		
registered agent and/or the new registered office address here  Name of New Registered Agent:	<u>e</u> :			

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>	Type of Action
MGR	Graham Norris	1712 Pioneer Ave. Suite 206	■ Add
		Cheyenne, WY 82001	☐ Remove
			Change
			□ Add
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The 90th day after the recorded November 9	1.100	1	 ``	entative of a mem			

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