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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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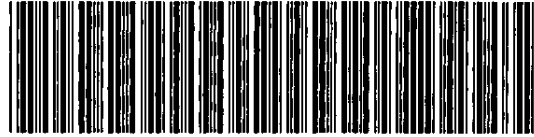
(Business Entity Name)

(Document Number)

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15 AUG 23 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 24 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I BO Group International 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:

Juan Cano
Name of Person

I BO Group International LLC
Firm/Company

700 NE 46 ST APT 1
Address

Oakland Park FL 33334
City/State and Zip Code

gerencia@ibogroup.com.co
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS Gabriel VIVAS at (754) 779-5707
Name of Person 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

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

180 GROUP INTERNATIONAL 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 August 11/2016 and assigned Florida document number L16000150969.

This amendment is submitted to amend the following:

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

— N/A —

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:

(Principal office address MUST BE A STREET ADDRESS)

<u>— N/A —</u>	
10/16/2016	10:23 PM
RECEIVED	STATE
FILED	10/16/2016

Enter new mailing address, if applicable:

(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:

— N/A —

New Registered Office Address:

—

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

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>
MGR	MARIA F. Echeverri	700 NE 46 ST APT 1 Oakland Park, FL 33334	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Luis Gabriel Vinas	700 NE 46 ST APT 1 Oakland Park FL 33334	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 20 4 46 PM '00

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

EIN - 81-3600634 Please Add.

E. Effective date, if other than the date of filing: August 18, 2016 (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 18, 2016

Signature of a member or authorized representative of a member

Juan Carlos Carr
Typed or printed name of signee

15 AUG 23 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
44:60