

L16000164813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

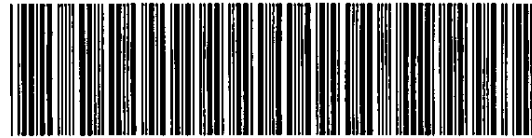
(Business Entity Name)

(Document Number)

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16 OCT 14 PM 2:02  
DIVISION OF CORPORATIONS

O SIMMONS

OCT 14 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** IGN GROUP 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:

IGNACIO URBINA  
Name of Person  
IGN GROUP LLC  
Firm/Company  
147 ALHAMBRA CIRCLE, SUITE 120  
Address  
CORAL GABLES, FL 33134, US  
City/State and Zip Code  
JIMCholding@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICENCIO A COLMENARES 786 278 - 6563  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

IGN GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on SEP 01, 2016 and assigned  
Florida document number L16000164813

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)**

147 ALHAMBRA CIRCLE, SUITE 120

CORAL GABLES

FL 33134, US

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

147 ALHAMBRA CIRCLE, SUITE 120

CORAL GABLES

FL 33134, US

**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:

New Registered Office Address:

147 ALHAMBRA CIRCLE, SUITE 120

*Enter Florida street address*

CORAL GABLES

*City*

Florida

33134

*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	IGNACIO URBINA	147 ALHAMBRA CIRCLE	<input type="checkbox"/> Add
		SUITE 120	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134, US	<input checked="" type="checkbox"/> Change
MGR	VICENCIO A COLMENARES	147 ALHAMBRA CIRCLE	<input type="checkbox"/> Add
		SUITE 120	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134, US	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 DIVISION OF COURT ACTION  
☐ Remove  
☐ Change  
☐ Add  
☐ Remove

FILED

16 OCT 14 PM 2:04  
DIVISION OF DOCUMENTATION

16 OCT 14 PM 2:02  
DIVISION OF DOCUMENTS

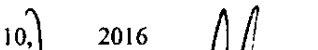
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 OCTOBER 10, 2016, \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**VICENCIO A COLMENARES**  
\_\_\_\_\_  
Typed or printed name of signee