116000 216177

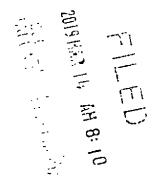
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



300325985233

03/14/19--01022--032 **60.00



Mame Chs

MAR 25 2019
I ALBRITTON

COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	IPT-USA L	LC	<i>.</i>	
OUDJEC	1:	Name of Lim	ited Liability Company	- · · · · · · · · · · · · · · · · · · ·
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		ELDAR RAKHAMIMOV		
			Name of Person	
		EXCEPTIONAL TAX &	ACCOUNTING SERVICES LLC	
			Firm/Company	
		1825 CONEY ISLAND A	VE 2ND FLOOR	
			Address	
		BROOKLYN NY 11230		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		INFO@EXCTAXSERVIC		
		E-mail address: (to be used for future annual report notifi	eation)
For furthe	er information co	oncerning this matter, please co	all:	
ELDAR	RAKHAMIMO	V	718 285-9533	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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)
	MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 HAR 14 AH 8: 10

IPT-USA LLC

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

(A Flo	rida Limited Liability Company)	10 10 10 10 10 10 10 10 10 10 10 10 10 1
The Articles of Organization for this Limited Liability	y Company were filed on 11/29/2016	and assigned
Florida document number L16000216177		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
IPT CONSULT LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or reregistered agent and/or the new registered office a	gistered office address on our records,	enter the name of th
registered agent analyst the new registered which a		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	daZip Code
	City	zīp 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>	Type of Action
			Add
			Remove
			Change
			☐ Remove
			Change
			Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
			Add
			Remove
			☐ Change
			□ Remove
			□ Change

D. 'If amending any other informatio	n, enter change(s) here: (Attach	additional sheets, if necessary.)
		
		
		
		
E. Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	e specific and cannot be prior to date of fi c does not meet the applicable statute	(optional) lling or more than 90 days after filing.) Pursuant to 605,0207 (3)(i ory filing requirements, this date will not be listed as the
If the record specifies a delayed e (b) The 90th day after the record	ffective date, but not an effe d is filed.	ective time, at 12:01 a.m. on the earlier of:
Dated MARCH 7TH	2019	
Renal Hyrolen Si	gnature of a member or authorized repre	sentative of a member
PAVEL ILYICHOU		
	Typed or printed name of	signee

Page 3 of 3

Filing Fee: \$25.00