

217000164301

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[Signature]
10/30/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIP CAB SVCS 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:

IVAN POSMETNYY
Name of Person

IPCLUB LLC
Firm/Company

7120 PATRON'S DR., #1602
Address

PANAMA CITY BEACH, FL 32408
City/State and Zip Code

iposmetnyy@gmail.com; iposmetnyy@mail.ru
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IVAN POSMETNYY at (850) 851-8686
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
Chilton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

VIP CAB SVCS 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 08/02/2017 and assigned Florida document number L17000164301

This amendment is submitted to amend the following:

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

IPCLUB LLC

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)

7120 PATRONIS DR. #1602
PANAMA CITY BEACH, FL 32408

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7120 PATRONIS DR. #1602
PANAMA CITY BEACH, FL 32408

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:

IVAN POSMETNYY

New Registered Office Address:

7120 PATRONIS DR. #1602

Enter Florida street address

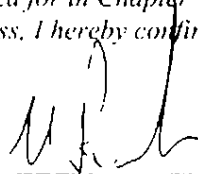
PANAMA CITY BEACH, Florida 32408

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>
Reg. Agent:	ASRALDJIAN KOULJANOV	900 US HWY 98, #C MEXICO BEACH, FL 32456	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR:	ANTON BABSKII	900 US HWY 98, #C MEXICO BEACH, FL 32456	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR:	IVAN POSMETNYY	7120 PATRONI'S DR. #1602 PANAMA CITY BEACH, FL 32418	<input checked="" 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.)*

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TALLAHASSEE FLORIDA

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 10/23/2017 (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.

(b) The 90th day after the record is filed.

Dated 10/23/2017

Signature of a member or authorized representative of a member

IVAN POSMETIYU

Typed or printed name of signee