

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

| | Registration Se Division of Cor | | | | | | | |
|---------------|------------------------------------|--|--|---|--|--|--|--|
| oun inc | | IESS CENTER LLC | | | | | | |
| SUBJEC | .1; | Name of Lim | ited Liability Company | | | | | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | | |
| Please ret | turn all correspo | ndence concerning this matter | to the following: | | | | | |
| | | SIMONE HUTTER | | | | | | |
| | | | Name of Person | | | | | |
| | | HUTTER ACC AND CO | NSULTING SERVICES LLC | | | | | |
| | | | Firm/Company | | | | | |
| | | 121 S ORANGE AVE S | UITE 1110 | | | | | |
| | | Address | | | | | | |
| | | ORLANDO FL 32861 | | | | | | |
| | | · · · | City/State and Zip Code | | | | | |
| | | SIMONE.HUTTER@HUT | | | | | | |
| | | E-mail address: (| to be used for future annual report noti | fication) | | | | |
| For furth | er information c | oncerning this matter, please ca | all: | | | | | |
| SIMONE HUTTER | | 407 300 1088 | | | | | | |
| | Name o | f Person | Area Code Daytim | ne Telephone Number | | | | |
| Enclosed | is a check for th | ne following amount: | | | | | | |
| | 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) | | | | |
| | Registr Divisio P.O. Bo | ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314 | STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co | on rations | | | | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| IBL BUSINESS CENTER LLC | | |
|---|--|-------------------------|
| (<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili | it now appears on our records.) y Company) | |
| The Articles of Organization for this Limited Liability Company were Florida document number <u>L18000079622</u> . | filed on 03-28-2018 and assigned | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability | company here: | |
| The new name must be distinguishable and contain the words "Limited Liability Co | mpany," the designation "LLC" or the abbreviation "L.L.C." | _ |
| Enter new principal offices address, if applicable: | <u></u> | - |
| (Principal office address MUST BE A STREET ADDRESS) | | 泛 |
| _ | | - के इं ड |
| Enter new mailing address, if applicable: | 89 P | |
| Mailing address MAY BE A POST OFFICE BOX) | | 77 - |
| | 26 | <u>ੂੰ '</u> |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | address on our records, enter the name of the | <u>: new</u> |
| | The First American Co. | |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> | Name | Address | Type of Action |
|--------------|------------------------------------|---------------------------|----------------|
| MGR | IL LLC | 121 S ORANGE AVE | _ Add |
| | | SUITE 1110 | _ |
| | | ORLANDO FL 32801 | - |
| MGR | BRUNETTA INC | 121 S ORANGE AVE | ■ Add |
| | | SUITE 1110 | |
| | | ORLANDO FL 32801 | _ |
| AP | MARIA CRISTINA B DE LAET | 7999 CHILTON DRIVE | |
| | | ORLANDO FL 32836 | Remove |
| | | | Change |
| AP | MARCELO GIOVANNI BRUNET | R PROFESSOR LEOPOLDO | = A₫d |
| | | PAPERINI APT 174 GUARULH(| ☐ Remove |
| | | SP 07095-080 BRAZIL | ☐ Change |
| MGR | MARIA CRISTINA BERNALDO DE LAET | 7999 CHILTON DRIVE | |
| | | ORLANDO EL 32836 | ■ Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
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| Effective date, if | other than the | date of filin | φ: | | | (| optional) | | |
| If an effective date is Note: If the date i document's effecti | listed, the date must aserted in this blo | t be specific and ock does not r | d cannot be p neet the app | rior to date of plicable stati | filing or more utory filing a | e than 90 day | s after filing.) Pu | irsuant to 605.6 I not be listed | 0207 :d as |
| ne record speci | fies a delaved | l effective (| date, but | not an ef | fective tin | ne, at 12: | 01 a.m. on | the earlie | er o |
| The 90th day | after the reco | ord is filed. | , | | | | | | |
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Filing Fee: \$25.00