## LIECOICA-P6

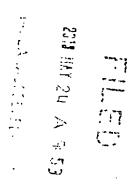
(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(D	ocument Number)	
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## COVER LETTER

TO: Registration Division of C			
IPBGF, I			
SUBJECT:		ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subt	mitted for filing.	
Please return all corres	pondence concerning this matter t	to the following:	
	Gerson Hernandez		
		Name of Person	<del></del>
	General Corporate Services	s Inc.	
		Firm/Company	
	829 W. Palmdale Blvd #68		
		Address	<del></del>
	Palmdale CA 93551		
		City/State and Zip Code	
	gerson@companiesinc.com	o be used for future annual report not	theation
For further information	concerning this matter, please ca	·	incuity)
Gerson Hernandez		661 310 2823	
Nanx	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS:	STREET/COUR	
Divi: P.O.	stration Section sion of Corporations Box 6327 thassee, FL 32314	Registration Section Division of Corpor Clifton Building 2661 Executive Cor Tallahassee, FL 33	enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IPBGF, LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Companifornida document number L18000109496	y were filed on <u>05/01/2018</u>		_ and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	аррге	viation "L.I	C."
Enter new principal offices address, if applicable:	plicable: 4699 N Federal Highway, Pompano Beach, FL 33064			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he				
New Registered Office Address:		:		<u> </u>
<del></del>	Enter Florida street address, Florida _ City	( ); i ; ;	1.2	7(1
New Registered Agent's Signature, if changing Registered Agent		;	Zip Code	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I an provided for in Chapter 605, F.S. O	i fan. $r$ , if $i$	illiar with this docu	and nent is

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>	Address	Type of Action
MRG	BOB LAMBERT		
		199 EAST FLAGLER STREET #510 MIAMI, FL 33131	■ Remove
			Change
MGR	WILLIAM HATCHER	4699 N FEDERAL HIGHWAY POMPANO BEACH, FL 33064	■ Add
			□ Remove
			Change
		-,	Add
			□ Remove
			Change
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ective date, if other than the effective date is listed, the date mu	e date of filing:		(option	al)	
effective date is listed, the date muse. If the date inserted in this b	ist be specific and cannot be prolock does not meet the app	rior to date of filing or me dicable statutory filing	ore than 90 days after til requirements, this d	ing.) Pursu ate will n	ant to 605 ot <b>be</b> list
ument's effective date on the I	Department of State's recor	ds.	•	i	
				18	<del>7</del>
record specifies a delaye	d effective date, but	not an effective ti	me, at 12:01 a.r	n.jon th	
he 90th day after the re	cord is filed.				Ξ
. May 23	2018			•	>
ed May 23		·			₹)
1					ۍ س
<del></del>	Signature of a member or at	thorized representative	of a member		

Page 3 of 3

Filing Fee: \$25.00