## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number : 110432003053 Phone : (561)694-8107

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\*\*Enter the email address for this business entity to be used for inter annual report mailings. Enter only one email address please.

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABN AMERICAS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABN AMERICAS LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records) bility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on 12/27/2018	and assigned
Florida document number L18000292335	;	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	一
IMBC International LLC		70.00
The new rame must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbre	evinting Ti. L. U.
Enter new principal offices address, if applicable:		<u> </u>
(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 office registered agent and/or the new registered office address here:	re address on our records, <u>enter th</u>	e name of the ne
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	Florida	

## 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

Zip Code

\_□ Change

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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<u>Note</u>	tive date, if other than the diffective date is listed, the date must be. If the date inserted in this blockment's effective date on the Dep	k does not meet the appli	cable statutory filing requirem	(optional) days after filing.) Pursuant to 605.020 nents, this date will not be listed a
	ecord specifies a delayed e e 90th day after the recor		ot an effective time, at	12:01 a.m. on the earlier o
	d2nd of January	2019	- Simo	

Typed or printed name of signee

Inaki Mazarredo Barandica