# 119000274759

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#### **COVER LETTER**

	ion Section of Corporations			
OUD IF OT	SOWOTRI, LLC.		•	
SUBJECT:	١		ed Liability Company	1,200,000
The enclosed Artic	eles of Amendment and fee	(s) are subn	nitted for filing.	
	orrespondence concerning		_	
•	MARYBEL DE	FILLO		
	-		Name of Person	
	AVALON PAR	K GROUP	MANAGEMENT, INC.	
	<del></del>		Firm/Company	1///
	3680 AVALON	EAST PAR	RK BLVD, SUFFE 300	
			Address	
	ORLANDO, FI	ORIDA 32	828	
			City/State and Zip Code	
	marybeld@avalc			
	E-ma	iil address: (t	o be used for future annual repo	ort notification)
For further inform	ation concerning this matte	er, please ca	ll:	
MARYBEL DEFI	1.LO		407 658-65 at ( )	665
ì	Name of Person			Daytime Telephone Number
Enclosed is a chec	k for the following amoun	t:		
■ \$25.00 Filing	Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing 4</u> Registra	Address: ation Section		Street Addre Registratio	
Division of Corporations		Division o	Division of Corporations The Centre of Tallahassee	
P.O. Bo Tallaha	ox 6327 ssee, FL 32314			e of Tallanassee Ionroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOWOTRI, LLC.		
(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appears on our recornability Company)	<u>:ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L19000274759	were filed on 11/04/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
IFBK INTERNATIONAL, LLC.		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		5 <sub>20</sub> 28
		20.00 F 1
		<u> </u>
Enter new mailing address, if applicable:		STATE OF THE
(Mailing address MAY BE A POST OFFICE BOX)		
	**************************************	<b>ن</b>
		Dr. <b>0</b>
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	iddress on our records, <u>ente</u>	r the name of the new regi
New Registered Office Address:	Enter Florida street addr	TARE
	v,піст с ібтий месі dadr.	vas
		F <b>lorida</b> Zip Code
	City	гір Соде

#### 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>	Address	Type of Action
<del></del>			□Add
			Remove
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## Page 2 of 3

Effective date, if other than the date of filing:    (Optional)	_				
Effective date, if other than the date of filing:  (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.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.  NOVEMBER 25.  2019  Signature of a member of authorized representative of a member	_				
Effective date, if other than the date of filing:  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 695.0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.  NOVEMBER 25.  2019  Signature of a member for authorized representative of a member					
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			www.mai wi wammi w.bu ii	epresentation of a member	