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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:

Registration Section
Division of Corporations

IBAKOWA SUBJECT:	SERVICES LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JAVIER IBARRA				
		Name of Person			
	IBAKOWA SERVICES L	LC			
		Firm/Company			
	6055 SEA GRASS LN				
	-	Address			
	NAPLES FL 34116				
	-	City/State and Zip Code			
	javieribarra1977@gmail.co				
	E-mail address: (to be used for future annual report notif	lication)		
For further information c	oncerning this matter, please c	all:			
JAVIER IBARRA		239 384-8487			
Name o	f Person	at () Area Code Daytime	e Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 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)		
Mailing Addres Registration S		Street Address: Registration Sec	ction		
Division of Corporations		Division of Cor	Division of Corporations		
P.O. Box 632		The Centre of T			
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IBAKOWA SERVICES 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 05/28/2020 and assigned Florida document number 1.20000144868 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: IBAKOWAK HOME BUILDERS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address:

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.

Enter Florida street address

____, Florida ____

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
AR	LAZARO A PEREZ ACOSTA	4445 33RD AVE NE	= Add
		NAPLES FL 34120	□Remove
			□Change
			□Add
			□Remove
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_	Signature of a	almember or author	orized representati	ve of a member		— 、
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THE PARTOR