

L20 000331045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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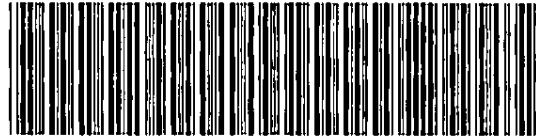
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IB GEORGIA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DELPUECH ALEC

Name of Person

IRON BODIFIT USA INC

Firm/Company

100 BISCAYNE BLVD, STE 3070

Address

MIAMI, FL 33132

City/State and Zip Code

FABRICE@MCHCONSULTINGUSA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FABRICE HERZSTEIN

786 785-5000
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IB GEORGIA 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 10/19/2020 and assigned
Florida document number L20000331045.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

IB ONE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

20803 BISCAYNE BOULEVARD

SUITE 440

AVENTURA, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20803 BISCAYNE BOULEVARD

SUITE 440

AVENTURA, FL 33180

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:

Name of New Registered Agent:

MCH CONSULTING USA GROUP CORP

New Registered Office Address:

20803 BISCAYNE BOULEVARD SUITE 440

Enter Florida street address

AVENTURA

City

Florida 33180

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	IRON BODIFIT USA INC	100 BISCAYNE BOULEVARD	<input checked="" type="checkbox"/> Add
		SUITE 3070	<input type="checkbox"/> Remove
		MIAMI, FL 33132	<input type="checkbox"/> Change
AMBR	PHILIPPE VIGOUROUX	20803 BISCAYNE BOULEVARD	<input checked="" type="checkbox"/> Add
		SUITE 440	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	<input type="checkbox"/> Change
MGR	ALEC DELPUECH	1111 E SUNRISE BLVD	<input checked="" type="checkbox"/> Add
		FT LAUDERDALE, FL 33304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WOODEN JR JAMES E	120 CUPIT CLOSE	<input type="checkbox"/> Add
		ALPHARETTA, GA 30022	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ARTICLES OF ORGANIZATION:

ARTICLE VI:

THE PURPOSE FOR WHICH THIS LIMITED LIABILITY COMPANY IS ORGANIZED IS:

ANY AND ALL LAWFUL BUSINESS

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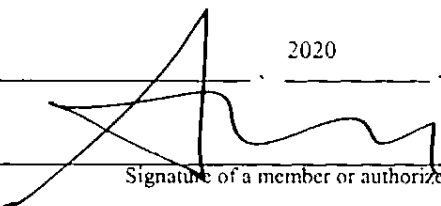
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 24th, 2020


Signature of a member or authorized representative of a member

ALEC DELPUECHI MGR

Typed or printed name of signee