

L20 000331045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

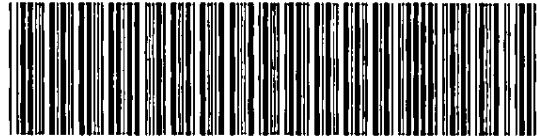
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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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

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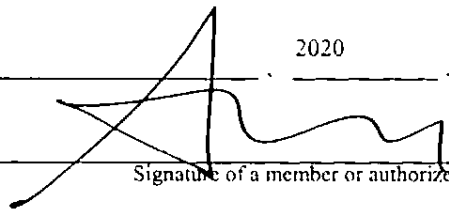
E. Effective date, if other than the date of filing: _____ (optional)

(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