

L21 000300399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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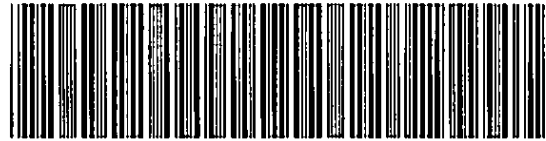
(Business Entity Name)

(Document Number)

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2022 DEC 27 PM 9:10

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTERNATIONAL BUSINESS COMPANY AG 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:

JOELA IRIZARRY

Name of Person

Firm/Company

15750 LONGBOAT KEY DR

Address

LOXAHATCHEE FLORIDA 33470

City/State and Zip Code

INTERNATIONALBUSINESSCOMPANYAG@GMAIL.COM

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

For further information concerning this matter, please call:

JOELA IRIZARRY

561

563-2761

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

2007 DEC 27 PM 9:09

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

INTERNATIONAL BUSINESS COMPANY AG 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 06/30/2021 and assigned
Florida document number L21000300399.

This amendment is submitted to amend the following:

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

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)

15750 LONGBOAT KEY DR

LOXAHATCHEE, FLORIDA 33470

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15750 LONGBOAT KEY DR

LOXAHATCHEE, FLORIDA 33470

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:

JENNY GUTIERREZ GUTIERREZ

New Registered Office Address:

15750 LONGBOAT KEY DR

Enter Florida street address

LOXAHATCHEE

Florida 33470

City

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>
MGR	JENNIFFER M FLOREZ BLANCO	913 BATTERY POINTE DR	<input type="checkbox"/> Add
		ORLANDO FLORIDA 32828	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JENNY GUTIERREZ GUTIERRE	15750 LONGBOAT KEY DR	<input checked="" type="checkbox"/> Add
		LOXAHATCHEE FLORIDA 33470	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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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.

Dated DECEMBER 22 2022

Signature of a

JENNY GUTIERREZ GUTIERREZ

Signature of a member or authorized representative of a member

Typed or printed name of signee