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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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SELREJART OF STATE
TALLAHASSEE, FLORIDA

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JUN 2 7 2022 S. PRATHER

COVER LETTER

Division of Col	(ETING & INVESTMENTS L	LC	
SUBJECT:	Name of Lin	nited Liability Company	
The anglocad Agriclas of	Amendment and for (2) and a	Switzensen	
The enclosed Afficies of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ILEANA BAEZ		
		Name of Person	
		Firm/Company	
	6518 KENDALE LAKES	DR #807	
		Address	
	MIAMI, FL 33183		
	<u> </u>	City/State and Zip Code	
	MARCEL823@AOL.COM		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
LEANA BAEZ		305 496-0043	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	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		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

TO: Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1	MADKETING	Q	INIVESTMENTS	 \sim

(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 ______ and assigned Florida document number L22000011410 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: I B MARKETING & INVESTMENTS 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) 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 registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			Change
			□Remove
			□ Add
		·	□Remove
			□Change
		-	Remove
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			□Remove
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			□Change

I. B. MARKETING & INVEST	MENTS LLC TO NEW NAME WITHOU	JT THE DOTS OR POINT	·S
I B MARKETING & INVESTM	MENTS LLC	_	
			
			
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ective date, if other than the date flective date is listed, the date must b	ate of filing:	or more than 90 days after filing) 2) Pursuant to 605
e: If the date inserted in this block ument's effective date on the Department	k does not meet the applicable statutory f	iling requirements, this date	will not be liste
and the factor	armon or state s records.		
cord specifies a delayed effective c	date, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The	ne 90th day after
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