

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : HARPER MEYER 6  
Account Number : I20090000060  
Phone : (305) 577-3443  
Fax Number : (305) 577-9921

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**IBRB II, LLC**

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IBRB II, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald Albert, Jr., Esq.

Name of Person

Harper Meyer, et al

Firm/Company

201 S. Biscayne Blvd., Suite 800

Address

Miami, Florida 33131

City/State and Zip Code

ralbert@harpermeyer.com

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

For further information concerning this matter, please call:

Ronald Albert, Jr., Esq. at (305) 577-3443

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E055 (9/15)

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: IBRB II, ILC

Enter new principal office address, if applicable: 999 Ponce de Leon Blvd., Suite 625

(Principal office address

MUST BE A STREET ADDRESS)

Coral Gables, Florida 33134

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

999 Ponce de Leon Blvd., Suite 625

Coral Gables, Florida 33134

2. The Florida document number of this limited liability company is: M18000005408

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: June 7, 2018

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Law Center of the Americas, LLC

New Registered Office Address: 201 S. Biscayne Blvd., Suite 800

Enter Florida Street Address

Miami

City

Florida

33131

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 603, 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.*

*Ronald Albert J. V.P.*  
If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Suzanne DeWitt</u>	<u>600 Brickell Ave., Ste 2500</u>	<input type="checkbox"/> Add
		<u>Miami, Florida 33131</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Andree V. Dick</u>	<u>600 Brickell Ave., Ste 2500</u>	<input type="checkbox"/> Add
		<u>Miami, Florida 33131</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Josh S. Rader</u>	<u>999 Ponce De Leon Blvd., Ste 625</u>	<input checked="" type="checkbox"/> Add
		<u>Coral Gables, FL 33134</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

**JOSH S. RADER**

Typed or printed name of signer

Filing Fee: \$25.00

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