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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SORSHER & ASSOCIATES, ELC.

Account Number : I20170000056 Phone

: (954)842-2931

Fax Number

: (954)842-2936

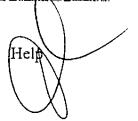
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN IB GROUP ASSOCIATES INC

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: IB GROUP ASS	OCIATES INC			
DOCUMENT NUM					
The enclosed Article					
Please return all corr	espondence concerning this m	natter to the following:		202 e.j.	
	VILLATE CORTES, RENE				
	on	2023 JAN -6 AM 8: 1			
	— gg 王				
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		Address		- 🚉 互	
	CUTLER BAY, FL 33190			, ,	
		City/ State and Zip Coo	ie	<del></del>	
	a9548422931@gmail.com				
	E-mail address: (to be u	sed for future annual repor	t notification)		
For further information	n concerning this matter, plea		847, 2921		
Name o	of Contact Person	8t (	_) 842-2931 de & Daytime Telephone Numi	<del></del>	
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Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee i. Monroe Street, Suite 810 ssee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

IB GROUP ASSOCIATES INC

IB ORODE ASSOCIATES INC	
(Name of Corporation as currently filed with the F	lorida Dept. of State)
P22000094288	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corits Articles of Incorporation:	poration adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	2023
name must be distinguishable and contain the word "corporation," "company," or "inco "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional cor, "chartered." "professional association," or the abbreviation "P.A."	porporated" or the abbreviation "Com" poration name must corrain the word
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	SSE
·	8.
(Malling address MAY BE A POST OFFICE BOX)  1. If amending the registered agent and/or registered office address in Florida, entended new registered agent and/or the new registered office address:  Name of New Registered does!	
AND	
(Florida street address)	
New Registered Office Address:	Florida
(Cib)	(Zip Code)
New Registered Office Address:	, Florida(Zip Code)
Signature of New Registered Agent, if check if applicable	hanging

} 7 If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

F = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

X Change	PT	John Doe	
$\underline{X}$ Remove	<u>V</u>	Mike Jones	202.
X Add	<u>sv</u>	Sally Smith	2023 JAN SECTIONS TALLA
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address Address
1) Change	\$	VILLATE CORTES, RENE	22280 SW 93RD PL TO 1
X Add			CUTLER BAY, FL 31176
Remove			10
2) Change		<del>-</del>	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
AddAdd			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

TIMO

. 0	he date of each amendment ate this document was signed					, ··	other t	11421 (110
E	Mective date if applicable:							
		0	no more than 9() da	ys after amendment file	date)		<del>-</del>	
A d	ote: If the date inserted in to ocument's effective date on the	nis block does not i e Department of Sta	meet the applicable ate's records.	statutory filing requir	ements, this date	will not l	pe listed	l as the
A	doption of Amendment(s)	(CHEC	CK ONE)					
Ē	The amendment(s) was/were action was not required.	adopted by the inc	orporators, or board	d of directors without st	hareholder action	and share	holder	
	The amendment(s) was/were by the shareholders was/we	adopted by the share sufficient for appr	reholders. The nur roval.	nber of votes cast for th	ne amendment(s)			
	The amendment(s) was/were must be separately provided "The number of votes by	east for the amendm	nup entitied to vote sent(s) was/were su	separately on the amen	lowing statement dment(s):	TALLA	2023 JAN	7
		(voting)	group)	<del></del> ,		ASS	-6 AM	m
5	01/06/2 Dated			-		F STA	3₹	O
	Signature	Renc	Villate Cortes			, 11.	•	
	sete	a director, president cted, by an incorpor pinted fiduciary by t	rator – if in the han	f directors or officers has of a receiver, trustee	ave not been, or other court			
		VILLATE CO	RTES, RENE					
		(Тур	ed or printed name	of person signing)	<del></del>			
		VP						
		(Title	of person signing)	· · · · · · · · · · · · · · · · · · ·		-		

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Selection .