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Special Instructions to	Filing Officer:	
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TALLAHASSEE, FLORIG



COVER LETTER

Division of Cor			
IDIMSA L SUBJECT:	LC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JUAN C ARANGO		
-		Name of Person	
	IDIMSA LLC		
	- Parking that a stayled a second sec	Firm/Company	to the state of th
	175 SW 7TH ST SUITE 2	112	
		Address	
	MIAMI FL 33130		
		City/State and Zip Code	
	avelez@midtown-realty.com E-mail address: (n to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	
ALEJANDRO VELEZ		305 9611115 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	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 ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IDIMSA LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L12000123913	ere filed on 9/27/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	breviation "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 registered agent and/or the new registered office address here:	ce address on our records, enter	the name of the new
registered agent and/or the new registered office address nere-		
Name of New Registered Agent:		1
New Besides of OCC Address		1000 55
New Registered Office Address:	Enter Florida street address	10000000000000000000000000000000000000
	. Florida	AR)
	City	Zip 6 ode
New Registered Agent's Signature, if changing Registered Agent:		FICE TO
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete po accept the obligations of my position as registered agent as pro being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am f ovided for in Chapter 605, F.S. Or,	amiliar with and if this document is
• • • • • • • • • • • • • • • • • • • •		

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>	Type of Action
MGR	HUMBERTO J ALEMAN	175 SW 7TH ST SUITE 2112	□ Add
		MIAMI FL 33130	■ Remove
		······································	Change
MGR .	LUIS F GONZALEZ	175 SW 7TH ST SUITE 2112	■ Add
٠		MIAMI FL 33130	□ Remove
			□ Change
			□ Add
			☐ Remove
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	***************************************		Add
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Filing Fee: \$25.00