

From:

Division of Corporations

617 000155 876

09/17/2015 11:46

#333 P.001/004

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000218496 3))



H150002184963ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : MURAI, WALD, BIONDO, MORENO, P.A.
Account Number : 076150002103
Phone : (305)444-0101
Fax Number : (305)444-0174

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

Email Address: mcurrais@mwbm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IMCMV SAN ANTONIO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

15 SEP 17 PM 1:48

DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

15 SEP 17 AM 7:49

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 18 2015
J SHIVERS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

IMCMV SAN ANTONIO, 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 NOVEMBER 5, 2013 and assigned Florida document number L13000155836

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)

15 SEP 17 AM 7:4

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15 SEP 17 AM 7:4

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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

From:

09/17/2015 13:47

#033 P.003/004

FAX AUDIT NUMBER:
H15000218496 3

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	IMCMV HOLDINGS INC.	7380 Sand Lake Road, #300, Orlando, FL 32819	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PEDRO OTERO	7380 Sand Lake Road, #300, Orlando, FL 32819	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

