L05000116767

· (Re	equestor's Name)	· ·
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPURATIONS

B. R. JUN 13 2008

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: IMPROVIAL NORTH AMERICA, LLC

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FREDDY MANZANO
(Name of Person)
IMPROVIAL NORTH AMERICA LLC
(Firm/Company)
1221 BRICKELL AVE. SUITE 925
(Address)
MIAMI, FL 33131
(City/State and Zip Code)
coming this metter places calls

For further information concerning this matter, please call:

at (305) 9132367 (Area Code & Daytime Telephone Number)

Enclosed is a check for the 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

IMPROVIAL WORTH AN	LEXUCA, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
		_
The Articles of Organization for this Limited Liability Company v	were filed on DEC, 6,2005	and assigned
Florida document number <u>L 050000116767</u>		88 N. S. K.
This amendment is submitted to amend the following:		NA JUN -9
A. If amending name, enter the new name of the limited liabil	lity company here:	2 2PG
A. It amending name, enter the new name of the number made	nty company nere.	る。発
The new name must be distinguishable and end with the words "Limite	ad Lightlity Company " the designation "L	C" or the abbreviation
"L.L.C."	ed Liability Company, the designation Li	LC of the aboveviation
Enter new principal offices address, if applicable:	1221 BRICKEU NE	
(Principal office address MUST BE A STREET ADDRESS)	SUITE # 925	
[Frincipia Office mairess MOST BE A STREET ADDRESS]	MIAMI FC 33131	
	PHINAL TO SOLUTION	
Enter new mailing address, if applicable:	1221 BRICKEU AVE	=
-	Suite + 925	<u>-</u>
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI , FC 33131	
	MINMI TE 33/31	
B. If amending the registered agent and/or registered offi	ice address on our records enter th	he name of the nev
registered agent and/or the new registered office address here		to name of the nev
Name of New Registered Agent:		
2. 2. 100 411		
New Registered Office Address:	(Enter Florida street add	lress)
		/
	, Florida (City)	(Zip Code)
	(City)	(Zip Coue)

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** Title <u>Name</u> **Address** _ Add ☐ Remove _ Add Remove Add 🗂 Remove _ Add Remove _ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUNE Dated ____ a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00