

L08000025871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300252719143

10/11/13--01030--004 **25.00

FILED

13 OCT 11 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 14 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **IDMJI PROPERTIES, 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:

OSCAR CARRILLO

Name of Person

IDMJI PROPERTIES

Firm/Company

17150 ROYAL PALM BLVD STE 4

Address

WESTON, FL 33326

City/State and Zip Code

accounting@idmjiusa.com

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

For further information concerning this matter, please call:

OSCAR CARRILLO

Name of Person

at **954 217-0712**

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

FILED
13 OCT 11 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ds.)

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

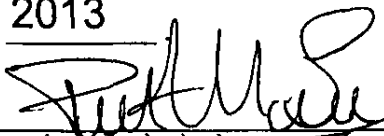
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OSCAR CARRILLO	17150 ROYAL PALM BLVD STE 4	<input checked="" type="checkbox"/> Add
		WESTON, FLORIDA 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated **SEPTEMBER 27**, **2013**



Signature of a member or authorized representative of a member

Perla Moreno

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00