

L08000031912

(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



000279561760

12/28/15--01017--013 **25.00

FILED
15 DEC 28 AM 8:29
TALLAHASSEE, FLORIDA

DEC 30 2015

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ITW INVESTMENTS 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:

JORGE IBRAHIM

Name of Person

ITW INVESTMENTS LLC

Firm/Company

11432 NW 69 TER

Address

DORAL, FL 33178-5537

City/State and Zip Code

finance@ideateamwork.com

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

For further information concerning this matter, please call:

MARTHA GONZALEZ

305 470-2414 XT#216
at ()

Name of Person

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**

ITW INVESTMENTS 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 04/19/2007 and assigned
Florida document number L08000031912.

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)

11432 NW 69 TER

DORAL, FL 33178-5537

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11432 NW 69 TER

DORAL, FL 33178-5537

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:

11432 NW 69 TER

Enter Florida street address

DORAL

City

Florida

33178-5537

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

- 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	IBRAHIM, JORGE B		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		11432 NW 69 TER, DORAL FL 33178-5537	<input checked="" type="checkbox"/> Change
MGR	SOTO DE IBRAHIM,CARMEN A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		11432 NW 69 TER, DORAL FL 33178-5537	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
15 DEC 28 AM 8:39
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
NORTH FLORIDA

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

15 DEC 28 AM 8:30

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated DECEMBER 19 2015

Signature of a member or authorized representative of a member

JORGE IBRAHIM

Typed or printed name of signee