

L08000071369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

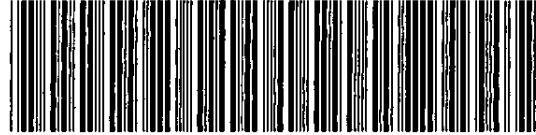
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 SEP -5 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP - 8 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MODA MOND, 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:

Christopher E. Mast

(Name of Person)

Christopher E. Mast, P.A.

(Firm/Company)

1059 5th Avenue North

(Address)

Naples, Florida 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher E. Mast

(Name of Person)

at (239) 434-5922

(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

Christopher E. Mast, P.A.

Christopher E. Mast, P.A.
1059 5th Avenue North
Naples, Florida 34102-5818
239/434-5922
Fax: 239/434-6355
www.christophermastlaw.com

September 5, 2008

Ms. Tammy Hampton
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Corrected Amendment/Name Change
Letter No. 008A00047524

Dear Ms. Hampton:

Please find enclosed a corrected amendment/name change now changing the name of
Moda Mond, LLC, to Impotex, LLC, as Moda Mondo, LLC, not being available.

Thank you.

Sincerely,



Christopher E. Mast, Esquire
Attorney at Law

CEM/nb

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 SEP -5 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 26, 2008

CHRISTOPHER E MAST PA
1059 5TH AVE NORTH
NAPLES, FL 34102

SUBJECT: MODA MOND, LLC
Ref. Number: L08000071369

We have received your document for MODA MOND, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved corporation. The name of a voluntarily dissolved corporation is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved corporation provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is P08000033200 (MODAMONDO CORP).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 008A00047524

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MODA MOND, 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 July 24, 2008 and assigned
Florida document number L08000071369.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

IMPOTEX, LLC

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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08 SEP -5 PM 7:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
 08 SEP -5 11:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated August 21, 2008



Signature of a member or authorized representative of a member

David B. Brugman

Typed or printed name of signee