

L08000115002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

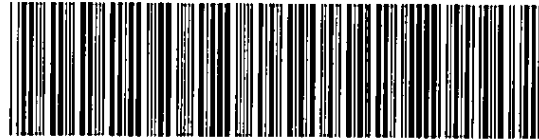
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000334344240

09/20/19--01028--020 **45.75

FILED

19 OCT 28 AM 3:49

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

OCT 28 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2019

JEANNETTE HAKIM
INDIRECT BONDING WORLD, LLC
8358 W OAKLAND PARK BLVD STE 103
SUNRISE, FL 33351

SUBJECT: INDIRECT BONDING WORLD LLC
Ref. Number: L08000115002

We have received your document for INDIRECT BONDING WORLD LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return 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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 719A00020630

VED

2019 OCT 11 AM 11:33

10/11/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Indirect Bonding World, 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:

Jeannette Hakim
Name of Person

Indirect Bonding World, LLC
Firm/Company

8358 W. Oakland Park Blvd, Suite 103
Address

Sunrise, FL 33351
City/State and Zip Code

jh@indirectbonding.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeannette Hakim at (954) 533-9143
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Indirect Bonding World, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
19 OCT 28 PM 3:40
TALLAHASSEE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/18/2008 and assigned
Florida document number L 08000115002.

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)

6358 W Oakland Park Blvd Suite 103
Sunrise, FL 33351

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same above

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

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>
<u>MGR</u>	<u>Jeannette Hakim</u>	<u>12555 NW 10th Court</u>	<input type="checkbox"/> Add
		<u>Sunrise, FL 33323</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Alexander Hakim</u>	<u>12555 NW 10th Court</u>	<input type="checkbox"/> Add
		<u>Sunrise, FL 33323</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Christopher Hakim-Roshton</u>	<u>12555 NW 10th Court</u>	<input type="checkbox"/> Add
		<u>Sunrise, FL 33323</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Christina Elias</u>	<u>4404 NW 9th Way</u>	<input checked="" type="checkbox"/> Add
		<u>Sunrise, FL 33351</u>	<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

[illegible]

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 Oct. 16, 2019, _____

Signature of a member or authorized representative of a member

Typed or printed name of signer