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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Im-Ex International 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:

Rudi Bruckner

Name of Person

Im-Ex International LLC

Firm/Company

5250 N. Ocean Dr. #5

Address

Jinger Island FL. 33404

City/State and Zip Code

rudibruckner@hotmail.com

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

For further information concerning this matter, please call:

Rudi Bruckner

Name of Person

at (561) 768 3390

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
13 JAN -2 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Im-Ex International 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 Jan 15th 2009 and assigned Florida document number L 0900000 2979.

This amendment is submitted to amend the following:

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

N.A.

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)

N.A.

B. If amending the registered agent and/or registered office address on our records, enter the name of the 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 M 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 Ac</u>
MGRM	Dennis F. Baumann	2128 Oakmont Dr. Riviera Beach	Ad
		FL 33404	Res
			Ad
			Res
			Ad
			Res
			Ad
			Res
			Ad
			Res

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

Dated Dec. 10th, 2012



Signature of a member or authorized representative of a member

Rudiger Bruckner

Typed or printed name of signee

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Filing Fee: \$25.00