DE ": MONAHAN MIJARES ASOCIADOS CONS NO.DE FAX : 05802127828066

Ø1 FEB. 2012 Ø9:18AM P1



Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MONAHAN MIJARES CPA PA

Addount Number : I20050000157

: (305)476-1177 Phone

Enter the email address for this business entity to be used for future annual report mailings. Enter only one omail address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **IMREX, LLC**

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01 FEB. 2012 09:18AM P2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

~ 2012 FEB - 1 AM 8: 16

SECRETARY OF STATE FALLAHASSEE, FLORIDA

	IMREX, LLC.	
(Name of the Limite	d Lightlity Company as it now ap A Florida Limited Liability Company	y)
The Articles of Organization for this Limited		June 09, 2010 and assigned
Florida document numberL100000	51749	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
	N/A	
The new name must be distinguishable and end w "L.T., C."	ith the words "Limited Liability Co	npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if apple	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		1 to
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	
		,
B. If amending the registered agent and registered agent and/or the new registered of		n our records, enter the name of the new
Name of New Registered Agent:	N/A	
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 Now Registered Agent

HOBE

DE : MONAHAN MIJARES ASOCIADOS CONS NO.DE FAX : 05802127828066

MGR = Manager `

N/A

Dated

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;

MGRM = Managing Member Title Name | Address Type of Action **MGRM** Werner Forster 2667 NORTH OCEAN BLVD 601 ☐ ∧dd BOCA RATON FL 33432 ☑ Remove MGRM Johanna H. de Ronde de F 2667 NORTH OCEAN BLVD 601 Add Add BOCA RATON FL 33432 Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.

		RIGA
	Gast Some for li	
	Signature of a member or authorized representative of a member	
	ROBERT FORSTER Typed or printed name of signee	
	Page 2 of 2	

Filing Fee: \$25.00