

L10000097469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

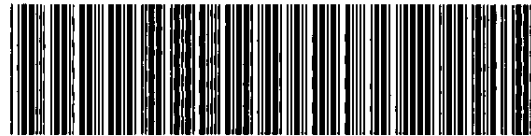
Special Instructions to Filing Officer:

L. SELLERS

OCT -1 2010

EXAMINER

Office Use Only



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09/24/10--01012--004 **25.00

SECRETARY OF STATE
TREASURY FLORIDA

10 SEP 30 PM 2:45

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IMC Ocala 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:

Ileana Marquez

Name of Person

IMC Ocala LLC

Firm/Company

10918 SE 64 Avenue

Address

Belleview, FL 34420

City/State and Zip Code

Imarquez@imcocala.com

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

For further information concerning this matter, please call:

Ileana Marquez

Name of Person

at (**352**)

286-0955

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2010

ILEANA MARQUEZ
10918 SE 64 AVENUE
BELLEVIEW, FL 34420

SUBJECT: IMC OCALA LLC
Ref. Number: L10000097469

We have received your document for IMC OCALA 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 710A00022924

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMC Ocala 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 September 17, 2010 and assigned
Florida document number L10000097469

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 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)

10918 SE 64 Avenue
Bellevue, FL 34420

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

10918 SE 64 Avenue
Bellevue, FL 34420

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:

Ileana Marquez

New Registered Office Address:

10918 SE 64 Avenue

Enter Florida street address

Bellevue

Florida

City

FILED
10 SEP 30 10 02:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Ileana Marquez
If Changing Registered Agent, Signature of New Registered Agent

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>
<u>MGRM</u>	<u>Robert T Kennedy</u>	<u>942 SE 17 Street</u> <u>Ocala, FL 34471</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Angel Marquez</u>	<u>12695 SE 47 Avenue</u> <u>Belleview, FL 34420</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 9-17-2010

Signature of a member or authorized representative of a member

Ileana Marquez

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00