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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

COVER LETTER

Division of Co		•	en e		
SUBJECT:	IMEX INVE	STMENT CO, LLC	·		
	Name of Limi	ited Liability Company			
		•			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
		LEONARDO DIAZ	·		
		Name of Person			
IMEX INVESTMENT CO, LLC					
		Firm/Company			
	9019 ALEXANDRA CIRCLE				
		Address	· · · · · · · · · · · · · · · · · · ·		
	WEL	LINGTON FL 33414 US			
		City/State and Zip Code			
	E-mail address: (to be used for future annual report notifica	ation)		
For further information	concerning this matter, please of	call:			
LEC	DNARDO DIAZ	_{at (} 561 ₎ 5	744799		
Name of Person Area Code & Daytime Tel		Felephone Number			
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMEX INVES	STMENT CO, LL	.C	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appea ited Liability Company)	rs on our records.)	-
The Articles of Organization for this Limited Liability Com Florida document numberL110000 43	pany were filed on	071011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	re:	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	any," the designation "L	.LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
	 		· .
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter t	he name of the new
Name of New Registered Agent:			E 2 SE
New Registered Office Address:	Er	nter Florida street add	P III
	City	, Florida	∑Zip Gode
New Registered Agent's Signature, if changing Registered Agent's	gent:	0 A	m o

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 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 **Title** <u>Name</u> **Address** Type of Action MGR LEONARDO DIAZ **⊘** Add 9019 ALEXANDRA CIRCLE Remove WELLINGTON FL 33414 US ☐ Add Remove ☐ Add Remove ☐ Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) £016 Dated_ gnature of a member of a) thorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00