

L12000081950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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A. LUNT  
JUL 16 2011  
EXAMINER

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2012 JUL 13 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2012

YARDANI GONZALEZ  
2548 SW 64TH AVE.  
MIAMI, FL 33155

SUBJECT: IWAX LLC  
Ref. Number: L12000081950

2012 JUL 13 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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We have received your document for IWAX 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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 612A00018324

## COVER LETTER

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: iWax 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:

**Yordani Gonzalez**

Name of Person

**iWax LLC**

Firm/Company

**2548 SW 64th AVE**

Address

**Miami, FL 33155**

City/State and Zip Code

**yrdgn@me.com**

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

For further information concerning this matter, please call:

**Yordani Gonzalez**

Name of Person

at ( **305** )

**450-3673**

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

2012 JUL 13 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

**iWax 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 06/21/2012

Florida document number L12000081950

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)**

4941 SW 8TH ST

Coral Gables, FL 33134.

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

2548 SW 64TH AVE

Miami FL 33155

**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 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 Manager or Managing Member being added or removed from our records:

MGR - Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Yordani Gonzalez	2548 SW 64TH AVE Miami, FL 33155	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Olise Gonzalez	2548 SW 64TH AVE Miami, FL 33155	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Yordani Gonzalez	2548 SW 64TH AVE Miami, FL 33155	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Duniesky Mesa	2548 SW 64TH AVE Miami, FL 33155	<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

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

I would like to add the Employer Identification Number: 45-5534594

Dated 12-07-2012

Signature of a member or authorized representative of a member

Yordani Gonzalez

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 JUL 13 AM 9:56

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