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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY 20 PM 12:13

MAY 21 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

INMOBIUSA REALESTATE HOLDING LLC

SUBJECT: _____
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:

OSMANY LINARES

Name of Person

INMOBIUSA REALESTATE HOLDING LLC

Firm/Company

5740 SW 130 TERRACE

Address

PINECREST FL 33156

City/State and Zip Code

OL@GRUPOMADEESMA.COM

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

For further information concerning this matter, please call:

OSMANY LINARES

305 458-8370

at ()

Name of Person

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

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

INMOBIUSA REALESTATE HOLDING 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 04/17/2013 and assigned
Florida document number L13000056908

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This amendment is submitted to amend the following:

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

INMOBI REALESTATE HOLDINGS LLC.

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)

7241 SW 168 ST SUITE C

PALMETO BAY FL 33157

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5740 SW 130 TERRACE

PINECREST FL 33156

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:

7241 SW 168 ST SUITE C

Enter Florida street address

PALMETO BAY

Florida 33157

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MgrM	OSMANY LINARES	7241 SW 168 ST SUITE C	<input checked="" type="checkbox"/> Add
		PALMETO BAY FL 33157	<input type="checkbox"/> Remove
MgrM	LORETO B. VELIZ	7241 SW 168 ST SUITE C	<input checked="" type="checkbox"/> Add
		PLAMETO BAY FL 33157	<input type="checkbox"/> Remove
MGR	Silvestre E. Hernandez	12855 sw 136 St suite 101	<input checked="" type="checkbox"/> Add
		Miami Fl 33186	<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

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

Dated

5/14

2013

Signature of a member or authorized representative of a member

Osmany Linares

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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