

U1300054908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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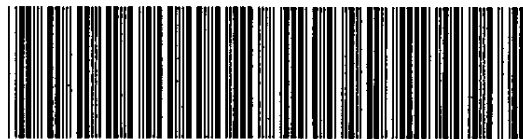
(Business Entity Name)

(Document Number)

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NOV 10 2014
J. BEYCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inmobi Real Estate Holdings Group 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:

Osmany Linares

Name of Person

Firm/Company

7241 SW 168 ST Unit C

Address

Palmetto Bay FL 33157

City/State and Zip Code

inmobire@gmail.com

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

For further information concerning this matter, please call:

Osmany Linares

at (

305

458-8370

Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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**

Inmobi Realestate Holdings Group 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.

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)

9560 SW 107 Ave Unit 203

Miami Fl, 33186

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9560 SW 107 Ave Unit 203

Miami Fl, 33186

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:

9560 SW 107 Ave Unit 203

Enter Florida street address

Miami

City

, Florida 33186

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BRIGITTE BARRENA	7241 SW 168 ST UNIT C	<input type="checkbox"/> Add
		PALMETTO BAY 33157	<input checked="" type="checkbox"/> Remove
MGR	SILVESTRE HERNANDEZ	9560 SW 107 AVE UNIT 203	<input checked="" type="checkbox"/> Add
		MIAMI FL 33186	<input type="checkbox"/> Remove
MGR	BRYAN FINKELSTEIN	9560 SW 107 AVE UNIT 203	<input checked="" type="checkbox"/> Add
		MIAMI FL 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

11/4/2014.

Signature of a member or authorized representative of a member

Amy L. Linger

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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