LP4000116946

| (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: | | | | | |
| J. HORNE | | | | | |
| FEB 1 9 2024 | | | | | |
| | | | | | |
| | | | | | |
| ·-·- | | | | | |

Office Use Only



100423193421

62/05.24--01015--015 **25.00



COVER LETTER

| | stration Sect sion of Corpo | | | | • | | |
|-----------------|--------------------------------|--|---|---------------------|---|--|--|
| · j | inmoby, LLC | • | • | • | 10 | | |
| SUBJECT: _ | | Name of Lim | ited Liability Company | | | | |
| The enclosed . | Articles of Ar | mendment and fee(s) are sub- | mitted for filing. | | | | |
| Please return a | all correspond | ence concerning this matter | to the following: | | | | |
| | | Gladys Marcela Bocanegra | ı | | | | |
| | | | Name of Person | | | | |
| | | INMOBY, LLC | | | | | |
| | | | Firm/Company | | | | |
| | 500 Bayview Dr. Unit 230 | | | | | | |
| | | | Address | | - | | |
| | | Sunny Isles Beach, FL 331 | 60 | | | | |
| | | | City/State and Zip Code | | | | |
| | | marbodearqui@yahoo.com | to be used for future annual re | enari natification) | | | |
| For further inf | formation con | cerning this matter, please ca | | opon manifestation, | | | |
| Gladys Marce | da Bocanegra | | at () Area Code | 601-5101 | | | |
| Name of Person | | | Area Code | Daytime Telepho | one Number | | |
| Enclosed is a | check for the | following amount: | | | | | |
| ■ \$25.00 Fi | ling 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

24 FEB - 5 PM P2: 35

INMOBY, 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 Comp | pany were filed on July 24, 2014 | and assigned |
|--|---|-------------------------------|
| Florida document number L14000116946 | | |
| 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 contain the words "Limited L | Liability Company," the designation "LLC" | or the abbreviation "L.IC." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS | 3) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | . |
| B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: | ice address on our records, <u>enter tl</u> | he name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | - C C | |
| | Enter Florida street address | |
| | Flor | rida Zip Code |
| New Registered Agent's Signature, if changing Registered Ag | • | esp x ora |

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|-----------------------------|----------------|
| AMBR | YEPES, CATALINA | 500 bayview dr | |
| | | Unit 230 | ■Remove |
| | | Sunny Isles Beach, FL 33160 | □Change |
| Title Autl | YEPES, PAOLA | 500 bayview dr | |
| | | Unit 230 | |
| | | Sunny Isles Beach, FL 33160 | - |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | | Петюvе |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | | ☐ Change |

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)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day and is filed.

Dated Feb 30/24

Signature of a member of a printed name of signee

Filing Fee: \$25.00