

L14000154868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2018 OCT 19 PM 3:34  
CLERK OF STATE  
TALLAHASSEE FL 32301

D PRUCE  
OCT 29 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2018

ROGER NUTT  
845 N FERN CREEK AVE  
ORLANDO, FL 32803

SUBJECT: IDAMA PROPERTIES LLC  
Ref. Number: L14000154868

We have received your document for IDAMA PROPERTIES 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 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 818A00019787

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2018 OCT 19 PM 3:34  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **IDAMA PROPERTIES LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Roger Nutt**

Name of Person

**Affordable Tax Service**

Firm/Company

**845 N Fern Creek Ave**

Address

**Orlando FL 32803**

City/State and Zip Code

**RNutt@cfl.rr.com**

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

FILED  
2018 OCT 19 PM 5:34  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**Roger Nutt** at ( **407** ) **930-5083**

Name of Person

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: Idama Properties LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000154868

**THIRD:** Document to be corrected is: Articles of Amendment

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The amendment filed on 03/13/18 incorrectly removed Enanore E Okumagba

Enanore E Okumagba is the sole managing member and Jose Mussenden is a

non-owner and is only a manager acting on behalf of Enanore E Okumagba

**OR**

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

The amendment filed on 03/13/18 was defectively signed by Jose Mussenden as he

is not a member of Idama Properties LLC and should not have signed the amendment.

**OR**

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

7/23/18  
Date

FILED  
2018 OCT 19 PM 3:04  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)