114000154868

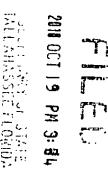
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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08/17/18--01023 -005 **25.00



OCT 29 2018



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.

	COVER LETTER									
TO: Registration Section Division of Corporation	ons									
IDAMA PROPERTIES LLC										
SUBJECT: Name of Limited Liability Company										
Dear Sir or Madam:										
The enclosed Statement of Cor	rection and fee(s) are	submitted for filing								
Please return all correspondence	ce concerning this ma	tter to the following	:							
Roger Nutt										
Nan	ne of Person									
Affordable Tax	x Service									
Firm	1/Company	·								
845 N Fern C	reek Ave									
A	ddress									
Orlando FL 32	2803									
City/Stat	e and Zip Code									
RNutt@cfl.rr.d	com									
E-mail address: (to be use	ed for future annual r	eport notification)								
For further information concer-	ning this matter, plea	se call:								
Roger Nutt		407	930-5083							
Name of Perso	on	Area Code	Daytime Telephone Number							
STREET/COURIER ADDRI Registration Section	ESS:		MAILING ADDRESS: Registration Section							
Division of Corporations Clifton Building			Division of Corporations P.O. Box 6327							
2661 Executive Center Circle Tallahassee, Florida 32301			Tallahassec, Florida 32314							
Enclosed is a check for the fo	llowing amount:									
	\$30 Filing Fee & ificate of Status	\$55 Filing Fee of Certified Copy	& ☐ \$60 Filing Fee, Certificate of Status & Certified Copy							

2018 OCT 19 PM S: 84

CR2E062 (9/15)

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	·-					
SECON THIRD	ND: The Flor	rida Document n	number of the limited liab	pility company is: _L	.140001 o⊬	5486	8	- 			
	(CHECK T	THE APPROPE	RIATE BOX AND CO	MPLETE THE APP	LICABLE ST	<u>ATEME</u>	<u>NT</u>				
×	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 a	nd is only a r	manager acting on t	ehalf of Enanore	e E Okumag	ba					
	<u>OR</u>										
X	Was defectively as follows:	signed. The ma	nner in which the docum	ent was defectively s	signed and the a	appropria	te corre	ection are			
	The amendm	ent filed on 0	03/13/18 was defect	ively signed by J	ose Musser	nden as	he				
	is not a mem	ber of Idama	Properties LLC and	I should not have	e signed the	amend	Iment	<u>. </u>			
						<u> </u>	0.81				
	<u>OR</u>					3557	7 19	Person			
	The electronic tr	ansmission of th	e record was defective.		, ,		PM	177			
					-7/23/18	<u></u>	رة ئة	-			
New Re I hereby provisio obligati	re of new registering the designation egistered Agent's vaccept the appoints of all statutes ions of my position thange in the re	ed agent, if appl). <u>Signature, if cha</u> ntment as regist relative to the pro n as registered a	ed Representative icable :(NOTE: if correct inging Registered Agent: ered agent and agree to roper und complete perfe gent as provided for in Coddress, I hereby confirm	act in this capacity. I ormance of my duties Chapter 605, F.S. Or,	further agree , and I am fami if this docume.	to comply liar with nt is bein	agent n y with to and ac g filed.	he cept the to merely			
	Registered Agent's Signature										
			Filing Fee: Certified Copy:	\$25.00 \$30.00 (optic	onal)						

\$30.00 (optional)