

L14000165207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

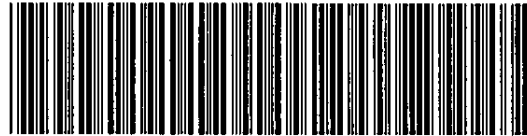
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800266352038

11/13/14--01003--004 **25.00

FILED
14 NOV 13 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN
EXAMINER

NOV 25 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Instamigos 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:

Jaime E. Bolano

Name of Person

Instamigos LLC

Firm/Company

PO Box 310361 1101 Brickell Avenue

Address

Miami, Florida 33231

City/State and Zip Code

instamigos.app@gmail.com

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

For further information concerning this matter, please call:

Jaime E. Bolano

Name of Person

954

at ()

Area Code

8164201

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

Instamigos LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
NOV 13 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/23/2014 and assigned
Florida document number L14000165207

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

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 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.

N/A

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>
MGRM	Felipe Rivera	PO BOX 310361 1101 Brickell Avenue	<input checked="" type="checkbox"/> Add
		Miami, FI 33231	<input type="checkbox"/> Remove

MANAGING MEMBER/OWNER

MGRM	Francisco Rivera	PO BOX 310361 1101 Brickell Avenue	<input checked="" type="checkbox"/> Add
		Miami, FI 33231	<input type="checkbox"/> Remove

MANAGING MEMBER/OWNER

FILED
14 NOV 13 AM 8:45
SECRETARY OF STATE
ALABAMA
RECEIVED

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

In the Application for the EIN, #17 which asks "Indicate principle line of
merchandise sold, specific construction work done, products produced, or
services provided." there was a mistake made when filling this part out, please
change "Any And All local Business" to "Any And All lawful Business"

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 November Eleventh, 2014

Jaime Bolano

Signature of a member or authorized representative of a member

Jaime Bolano

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 NOV 13 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA