

215000063981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

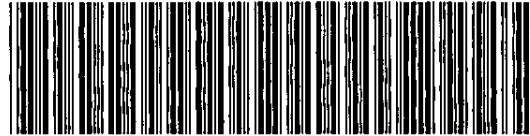
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 16 2015  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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15 JUL 16 PM 3: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 24, 2015

JHON M MONTERO ECHARRI  
1415 NW 15 AVE, APT #1802  
MIAMI, FL 33125

SUBJECT: IMPEX SOLUTIONS LLC  
Ref. Number: L15000063981

We have received your document for IMPEX SOLUTIONS 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):

The registered agent must sign accepting the designation.

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  
Regulatory Specialist II

Letter Number: 815A000063981

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **IMPEX SOLUTIONS 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:

**JHON M MONTERO ECHARRI**

Name of Person

**IMPEX SOLUTIONS LLC**

Firm/Company

**1415 NW 15 AV APT # 1802**

Address

**MIAMI, FL 33125**

City/State and Zip Code

**IMPEX.SOLUTIONS@AOL.COM**

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

For further information concerning this matter, please call:

**JHON M MONTERO ECHARRI**

Name of Person

**646 712.3043**

at ( )  
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

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

IMPEX SOLUTIONS 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 04.13.15 and assigned  
Florida document number L15000063981.

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)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

JHON M MONTERO ECHARRI

New Registered Office Address:

1415 NW 15 AV # 1802

Enter Florida street address

MIAMI

City

, Florida 33125

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.*

*[Signature]*  
**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>
<u>MGR</u>	<u>JHON MONTERO</u>	<u>1415 NW 15 AV # 1802</u>	<input type="checkbox"/> Add
		<u>MIAMI, FL 33125</u>	<input checked="" type="checkbox"/> Remove
		<u>1415 NW 15 AV # 1802</u>	
<u>MGR</u>	<u>JHON M MONTERO ECHAZA</u>	<u>MIAMI, FL 33125</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 APRIL 15, 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JHON M MONTERO ECHARRI

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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