

(Re	questor's Name)	
(Ad	dress)	
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	,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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<u> </u>	cument Number)	
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C-46-4 C-31-	C-AE4	of Chat.
Certified Copies	_ Certificates	or Status
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CL	DIECT.	IMA FLEE	T, LLC		
SU	BJECT:		Name of Limi	ited Liability Company	
The	e enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Ple	ase returr	all correspo	ndence concerning this matter	to the following:	
			LIDIA VENTURA		
			<u> </u>	Name of Person	· · · · · · · · · · · · · · · · ·
			IMA FLEET, LLC		
				Firm/Company	
			11231 NW 20th Street 140	-154	
				Address	
			Miami, FL 33172		
				City/State and Zip Code	
			magallardo@att.net		
			E-mail address: (1	to he used for future annual report notifi	cation)
For	r further i	nformation c	oncerning this matter, please ca	all:	
LI	DIA VEN	TURA		954 224-7526 at ()	
		Name o	f Person	Area Code Daytime	Telephone Number
En	closed is	a check for th	ne following amount:		
	\$25.00 F	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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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07/16/2015	_ and assigned
<u>/ here</u> :	
he designation "LLC" or the abbre	viation "L.L.C."
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r ion iad street address	
, Florida	Zip Code
	on our records, enter the

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.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
AMBR	Lucas Ignacio Pou Ruan	900 Biscayne Blvd	■ Add
		Unit 3512	
		Miami, Fl. 33132	□ Change
			☐ Remove
			☐ Change
			□ Add
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ffective date, if other than the c	late of filing: 10-11-2016		(optional)	
an effective date is listed, the date must Note: If the date inserted in this blocoument's effective date on the Department of the Departm	ck does not meet the applicable sta partment of State's records.	itutory filing requirem	nents, this date will not	he listed as
e record specifies a delayed The 90th day after the reco		ffective time, at 1	12:01 a.m. on the	earlier o
Octubre 11	2016			
	Lidea Vento	, ex /		
	Signature of a member or authorized re		er	
LIDIA VENTURA				
	Typed or printed name	of signee		
-	Typed or printed name	of signee	15.30 17.31 17.31	i professionale.
- SISTA VERVIORIT	Typed or printed name Page 3 of 3			entento Ladad