

| (Requestor's Name) | | |
|---|------------------|-------------|
| (Address) | | |
| (Address) | | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | ne) |
| (Document Number) | | |
| Certified Copies | Certificates | s of Status |
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S. YOUNG

COVER LETTER

| | o Services, LLC | | |
|----------------------------|---|---|---|
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Ivan Herrera | | |
| | | Name of Person | |
| | IMEX Auto Services, LLC | | |
| | | Firm/Company | |
| | 840 East Semoran Blvd | | TALL SEC |
| | | Address | |
| | Apopka, FL 32703 | | N-4 P |
| | | City/State and Zip Code | SSEE, FLORID |
| | imexautoservices@gmail.co | om to be used for future annual report notific | |
| For further intermation of | concerning this matter, please c | | Dr. F. |
| | wheeling this matter, preuse c | | |
| Ivan Herrera | | 407 814-3997 at () | |
| Name o | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he 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) |
| MAIL | ING ADDRESS: | STREET/COURIE | R ADDRESS: |

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| IMEX Auto Services, LLC | 5. 11: 12: A | |
|--|---|--|
| (Name of the Lim | ited Liability Company as it now ap (A Florida Limited Liability Compa | p <u>ears on our records.)</u> ny) |
| The Articles of Organization for this Limited Liability Company were filed on 11/04/2015 | | 11/04/2015 and assigned |
| lorida document number L15000137521 | · | |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amending name, enter the new name | of the limited liability compan | y here: |
| he new name must be distinguishable and contain the | words "Limited Liability Company." | the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | |
| Principal office address MUST BE A STRE | ET ADDRESS) | 一 |
| | | |
| | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Inter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | - For 2 |
| | | —————————————————————————————————————— |
| 3. If amending the registered agent and registered agent and/or the new registered of | | s on our records, enter the name of the |
| Name of New Registered Agent: | Ivan Herrera | |
| New Registered Office Address: | 840 East Semoran Blvd | |
| | Enter | · Florida street address |
| | Apopka | , Florida ³²⁷⁰³ |
| | City | Zip Code |

New Registered Agent's Signature, it 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-----------------------|---------------------------|----------------|
| ambr | Sigma Investment Corp | 4155 W Oak Ridge Rd Ste A | |
| | | Orlando, FL 32809 | |
| | | | Change |
| ambr | ambr Ivan Rivera | 2361 Fortune Rd | ■ Add |
| | | Kissimmee, FL 34744 | □ Remove |
| | | | Change |
| ambr | ambr Julio C Soria | 2361 Fortune Rd | |
| | | Kissimmee, FL 34744 | Remove 1 |
| | | | PH 20 Change |
| ambr | mbr Rafael Figueroa | 2365 Fortune Rd | |
| | Kissimmee, FL 34744 | □ Remove | |
| | | | ☐ Change |
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| ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of te: If the date inserted in this block does not meet the applicable status nument's effective date on the Department of State's records. | filing or more than 90 days after filing.) Pursuant to 605.0207 |
| record specifies a delayed effective date, but not an effe he 90th day after the record is filed. | ective time, at 12.01 a.m. on the earlier of |
| December 7 2015 | |
| red | |
| · / / / / / | |
| Signature of a member or authorized repre | |

Page 3 of 3

Filing Fee: \$25.00