

L15000137521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

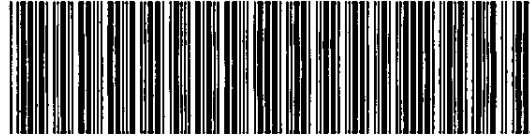
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2016 APR -4 P 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/13/16  
BHM

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** IMEX AUTO SERVICES 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:

Dolly Miller

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

618 WATERSCAPE WAY

\_\_\_\_\_  
Address

ORLANDO, FL 32828

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Dolly Miller

407 814-3997

\_\_\_\_\_  
Name of Person

at ( )  
Area Code

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

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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

IMEX AUTO SERVICES 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 03/31/2016 and assigned  
Florida document number L15000137521.

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 contain 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:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

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**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>                | <u>Type of Action</u>                      |
|--------------|---------------------------|-------------------------------|--|
| AMBR         | SIGMA INVESTMENT CORP     | 4155 W OAK RIDGE RD STE A     | <input type="checkbox"/> Add               |
|              |                           | ORLANDO, FL 32809             | <input checked="" type="checkbox"/> Remove |
|              |                           |                               | <input type="checkbox"/> Change            |
| AMBR         | INVERSIONES CREDIAUTO SRL | Ave. Sarasota No.36           | <input checked="" type="checkbox"/> Add    |
|              |                           | Santo Domingo, Dominican Repu | <input type="checkbox"/> Remove            |
|              |                           |                               | <input type="checkbox"/> Change            |
|              |                           |                               | <input type="checkbox"/> Add               |
|              |                           |                               | <input type="checkbox"/> Remove            |
|              |                           |                               | <input type="checkbox"/> Change            |
|              |                           |                               | <input type="checkbox"/> Add               |
|              |                           |                               | <input type="checkbox"/> Remove            |
|              |                           |                               | <input type="checkbox"/> Change            |
|              |                           |                               | <input type="checkbox"/> Add               |
|              |                           |                               | <input type="checkbox"/> Remove            |
|              |                           |                               | <input type="checkbox"/> Change            |
|              |                           |                               | <input type="checkbox"/> Add               |
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|              |                           |                               | <input type="checkbox"/> Change            |

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SECRET  
TALAN  
SECRET  
FLOOR  
IDA

Dated 03/31, 2016

## Dolly Miller

**Filing Fee: \$25.00**