

LIS000154806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

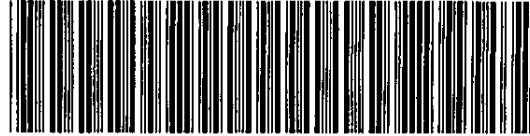
(Business Entity Name)

(Document Number)

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10/28/2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IHS OF CORAL GABLES, 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:

RICHARD CHALES ILLA

Name of Person

IHS OF CORAL GABLES, LLC.

Firm/Company

1600 PONCE DE LEON BOULEVARD, SUITE 1201

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

amacdonald@ihsflorida.com

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

For further information concerning this matter, please call:

Alina MacDonald

786
at ()

518-2453

Name of Person

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IHS OF CORALGABLES 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:

RICHARD CHARLES ILLA

Name of Person

COMPTROLLER

Firm/Company

1600 PONCE DE LEON BLVD SUITE 1201

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

RCJCIF@HOTMAIL.COM

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

For further information concerning this matter, please call:

RICHARD CHARLES ILLA

817 617-0490
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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(additional copy is enclosed)

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Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2015

RICHARD CHALES ILLA
1600 PONCE DE LEON BLVD
SUITE 1201
CORAL GABLES, FL 33134

SUBJECT: IHS OF CORALGABLES, LLC
Ref. Number: L15000154806

We have received your document for IHS OF CORALGABLES, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Verify the name. It has to be exactly as it appears on DOS records.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 315A00023448

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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2015 NOV 23 PM 3:10
TALLAHASSEE, FLORIDA

IHS OF CORALGABLES, 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 SEPT 10 of 2015 and assigned
Florida document number L15000154806.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

THE CORRECT NAME S/BE AS IS: IHS OF CORAL GABLES, LLC.

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

City

Florida

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.

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>
MGR	GRANT WHITE	79 Wellington St W, Suite 1630	<input type="checkbox"/> Add
		Toronto , ON M5K1K1	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

By, an involuntarily mistake by the authorized representative at electronic filing by Mr. Richard Charles Illa
whom put as a member MGR to Mr. GRANT WHITE in this Corporation by mistake and as not authorized by me,
Angel Francisco Giraldez as MGR Member and General Manager, Sole proprietor (Owner) and Registered Agent .

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2015 NOV 23 PM 3:10
NOTARIAL PUBLIC
ANGEL FRANCISCO GIRALDEZ

E. Effective date, if other than the date of filing: SEPT 11th, OF 2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated November 3 of 2015 , at 09:15 am .


Signature of a member or authorized representative of a member

ANGEL FRANCISCO GIRALDEZ MGR-

Typed or printed name of signer