

6/2016

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H16000139325 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AMBAR DIAZ, P.A.
Account Number : I20110000016
Phone : (305)476-8100
Fax Number : (305)476-8788

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mmarbtv0@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IDAOBEX LIVING, LLC.**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

((H16000139325 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: IDAOBEX LIVING, 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:

AMARYLLIS NUNEZ

Name of Person

IDAOBEX LIVING, LLC.

Firm/Company

8835 S.W. 107TH AVENUE, 114

Address

MIAMI, FL 33176

City/State and Zip Code

mmartintv0@gmail.com

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

For further information concerning this matter, please call:

AMARYLLIS NUNEZ

305 900-0785
at ()

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

((H16000139325 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION** (((H16000139325 3)))
OF

IDAOBEX LIVING, 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 DECEMBER 22ND, 2015 and assigned
Florida document number L15000211656.

This amendment is submitted to amend the following:

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

NO CHANGES

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:

NO CHANGES

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NO CHANGES

(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:

NO CHANGES

New Registered Office Address:

NO CHANGES

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: (((H16000139325 3)))

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGMBR	AMARYLLIS NUNEZ	8835 S.W. 107TH AVENUE	<input type="checkbox"/> Add
		114	<input type="checkbox"/> Remove
		MIAMI, FL 33176	<input checked="" 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

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15 JUN - 7 AM 10:05
IN
CLARK COUNTY
SSE
FLORIDA

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

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16 JUN - 7 AM 10:25
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

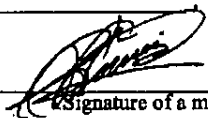
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 JUNE 7TH 2016



Signature of a member or authorized representative of a member

AMARYLLIS NUNEZ

Typed or printed name of signee

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Filing Fee: \$25.00

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