

L16 000112924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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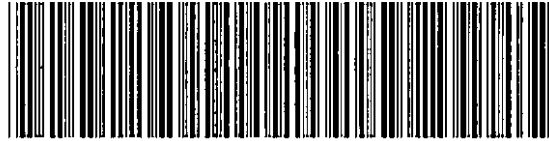
(Business Entity Name)

(Document Number)

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2019 OCT 28 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y. SULKER
OCT 25 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTERNATIONAL MONETARY SPECIALISTS 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:

Jayson Lopez

Name of Person

Firm/Company

6037 Tarawood Drive

Address

Orlando Florida 32819

City/State and Zip Code

jayson.lopez@hotmail.com

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

For further information concerning this matter, please call:

Jayson Lopez

407

409-1150

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

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

International Monetary Specialists 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 06/10/2016 and assigned
Florida document number L16000112924

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

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>
AMBR	UHRIG, HAROLD	3700 34th Street	<input type="checkbox"/> Add
		Suite 302	<input checked="" type="checkbox"/> Remove
		Orlando FL 32805	<input type="checkbox"/> Change
AMBR	CARDENAS ZAMBRANO, YENNY PAOLA	3700 34th Street	<input type="checkbox"/> Add
		Suite 302	<input checked="" type="checkbox"/> Remove
		Orlando FL 32805	<input type="checkbox"/> Change
AMBR	HRIG, JANET GAIL	3700 34th Street	<input type="checkbox"/> Add
		Suite 302	<input checked="" type="checkbox"/> Remove
		Orlando FL 32805	<input type="checkbox"/> Change
AP	LOPEZ, CHRISTOPHER	10333 Harwin Rd	<input checked="" type="checkbox"/> Add
		Suite 540D	<input type="checkbox"/> Remove
		Houston TX 77036	<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

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

UHRIG, HAROLD is unauthorized AMBR failed to tender consideration is in breach of contract.

CARDENAS ZAMBRANO, YENNY PAOLA are unauthorized AMBR and MGR. Not permitted without express
written consent of AMBR Joshua Trent or Jayson Lopez

HRIG, JANET GAIL is unauthorized AMBR and MGR. Not permitted without express written consent of AMBR
Joshua Trent or Jayson Lopez

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

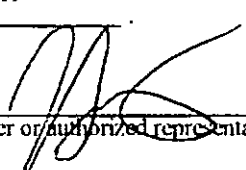
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 October 22, 2019



Signature of a member or authorized representative of a member

Jayson Lopez

Typed or printed name of signee