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COVER LETTER

TO:	Registration S Division of Co			
e1115 II		restments, LLC		
SUBJE	<u></u>	Name of Limi	ited Liability Company	
The end	closed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please i	return all corresp	ondence concerning this matter	to the following:	
		Ivan Escalante		
			Name of Person	
		IMAO Investments, LLC		
			Firm/Company	
		3025 Bridlewood Lane		
		.	Address	
		Jacksonville, FL 32257		
			City/State and Zip Code	
		IvanMel@Escalante.me		
		E-mail address: (t	to be used for future annual report notifi	ication)
For fur	ther information	concerning this matter, please ca	ill:	
Ivan E	scalante		904 210-3148	
	Name	of Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for	the following amount:		
\$25	5.00 Fiting 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

IMAO Investments, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited l	iny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited I Florida document number <u>L16000220757</u>	iability Company	were filed on 12/6/2016	and assi	gned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.l	C."
Enter new principal offices address, if appli	and assigned ament number L16000220757 ment is submitted to amend the following: ding name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." principal offices address, if applicable: applicable: ffice address MUST BE A STREET ADDRESS) mailing address, if applicable: address MAY BE A POST OFFICE BOX) Jacksonville, Fl 32257 Jacksonville, Fl 32			
Principal office address MUST BE A STREET ADDRESS		Jacksonville, Fl 32257		
			ā	<u>.</u>
Enter new mailing address, if applicable:		3025 Bridlewood Lane	TA E	로움
(Mailing address MAY BE A POST OFFICE BOX)		Jacksonville, Fl 32257		
			_	_ =
			ecords, enter the name	of the new
Name of New Registered Agent:	Ivan Escalante			
New Registered Office Address:	3025 Bridlewo	od Lane		
		Enter Florida street	address	
	Jacksonville		, Florida <u>32257</u>	
		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>	Type of Action
MGR	Melanie C Escalante	13361 ATLANTIC BLVD	
		JACKSONVILLE FL 32225	
			☐ Change
AMBR	Ivan Escalante	3025 Bridlewood Lane	
		Jacksonville, Fl 32257	□ Remove
			■ Change
		-	□ Add
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		~	☐ Change
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			☐ Remove
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Effective date, if other than the If an effective date is listed, the date must	be specific and	d cannot be pric	r to date of fili	ng or more than	(optiona 90 days after fili	ng.) Pursuant to 605	.0207
Note: If the date inserted in this blo document's effective date on the De				ry filing requir	ements, this da	te will not be liste	ed as
decoment's effective date on the 120	partification s	mic s record,	3.				
he record specifies a delayed	effective (date but n	nt an effec	tive time	it 12·Ω1 a.m	on the earlie	er of
The 90th day after the reco			oc an ence	inve cime, e	12.01 0.11	i. on the carne	
Dated May 20		2018					
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<i>\(\lambda_{\text{*}}\)</i>	on 7.	12.					
<i>\bigV_a</i>	Signature of a	member or aud	norized repres	entative of a me	mber		

Page 3 of 3

Filing Fee: \$25.00