

11/14/2018 1:30 PM FAX 3057524409
11/2018

NUEVA VIDA ACCOUNTING
Division of Corporations

20001

C17000098980

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : NUEVA VIDA ACCOUNTING CORP.
Account Number : I20150000017
Phone : (305)752-7505
Fax Number : (305)752-4409

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

Email Address: nuevavida.corp@hotmail.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 NOV - 1 AM 9:30

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IMB ELECTRICAL CONTRACTOR LLC

Certificate of Status	0
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Page Count	01
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T. CLINE
NOV - 2 2018
EXAMINER

2018 NOV - 1 PM 4:11

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

IBM ELECTRICAL CONTRACTOR LLC

(Name of the Limited Liability Company as it now appears on our record.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Mayo 3, 2017 and assigned

Florida document number L17000098980

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 "LLC."

Enter new principal office 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

Enter name of New Registered Agent

New Registered office Address:

Enter Florida street address

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 and 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

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C. 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	Miguel E. Tosar	9210 SW 42 Street	<input type="checkbox"/> Add
		Miami, FL 33165	<input checked="" 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE

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

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 605.02
(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 1st, 2018

X


Signature of a member or authorized representative of a member

Ivan Nuñez

Typed or printed name of signee