117000 110761

(Re	equestor's Name)	
(Ad	Idress)	
(00	diessy	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800333647068

06/29/19--01009--016 **25.00

SEP 0 5 2019 S. YOUNG

COVER LETTER

10:	Registration Se Division of Cor			
eren rez		IMPORTS LLC		
SUBJE	CT:		ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		JULIANA DOS SANTOS	MACHADO	
		GFS TAX & ACCOUNTI	Name of Person NG SERVICES	
		2001 W CYPRESS CREE	Firm/Company K RD STE 102B	11
		FORT LAUDERDALE, F	Address L 33309	·
		JULIANA@GFSTAXACC	City/State and Zip Code T.COM	
For furil	ner information c	E-mail address: (concerning this matter, please or	to be used for future annual report notif	lication)
	IA DOS SANTO		754 301-2128	
	Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed	l is a check for th	he following amount:		
ČI \$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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited I. Florida document number L17000110761		were filed on $\frac{05}{}$	18/2017	and assigned
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	lowing:	oility company he	<u>:re</u> :	7 .5 .3
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the d	esignation "LLC" or the a	bbreviation "L.IAC."
Enter new principal offices address, if applic	cable:	18731 OCEAN	MIST DR.	÷ C:
(Principal office address MUST BE A STREE		BOCA RATON	. FL 33498	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	18731 OCEAN BOCA RATON		
E. If amending the registered agent and registered agent and/or the new registered o	or registered o ffice address her	ffice address on <u>e</u> :	our records, enter	the name of the new
Name of New Registered Agent:				
New Registered Office Address:	2001 W CYPR	ESS CREEK RD S		
	GOADA		ida street address	
	FORT LAUDE		, Florida <u>33</u>	309
		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

It 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	EDSON ANTONIO M JUNIOR	18731 OCEAN MIST DR.	
		BOCA RATON. FL 33498	
			Remove
			
			□ Remove
			Change
			Remove
			☐ Change
			□ Add
			□ Remove
			Change
·- 			
			□ Remove
			☐ Change
<u> </u>			□ Add
			☐ Remove
			Change

			- -		
			<u> </u>		
	<u>. </u>				
	"				
					
-					
					·
			<u> </u>		
			-	-	
	· · · · · · · · · · · · · · · · · · ·				
					
					
					
ective date, if other the effective date is listed, the	ian the date of fil date must be specific	ing:	to date of files or mo	options	il)
<u>te:</u> If the date inserted i	n this block does no	ot meet the applic	able statutory filing	requirements, this da	ng.) Pursuant to 605.020 te will not be listed a
ument's effective date of	on the Department o	of State's records.			
racord consisting a	[_]				
record specifies a c he 90th day after t	he record is file	e date, but no d.	t an effective tir	ne, at 12:01 a.m	i. on the earlier (
August 19th		2019	·		
			101		
		\mathcal{A}^{\prime}	rized representative o		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00