

L17000 178044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

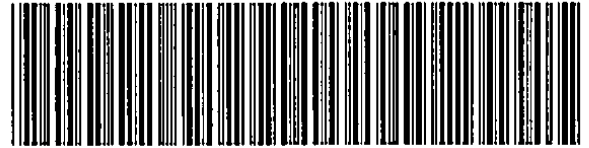
(Business Entity Name)

(Document Number)

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2021 AUG 24 PM 2:43
STATE OF NEW YORK
TALLMAN COUNTY

D BRUCE
SEP 02 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMAS SERVICES 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:

DANNY R ZEPEDA

Name of Person

Firm/Company

5183 WELLINGTON PL CIR APT C47

Address

ORLANDO FLORIDA 32839

City/State and Zip Code

ZEPEDADANNY@HOTMAIL.COM

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

For further information concerning this matter, please call:

DANNY ZEPADA

407

3605726

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2021 AUG 24 PM 2:43
TALLAHASSEE, FL
REGISTRATION SECTION

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

IMAS SERVICES 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 08/21/2014 and assigned
Florida document number L17000178044.

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 "L.L.C."

Enter new principal offices 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:

DANNY R ZEPADA

New Registered Office Address:

5183 WELLINGTON PL CIR APT C47

Enter Florida street address

ORLANDO

City

Florida 33839

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 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.

DANNY ZEPADA

If Changing Registered Agent, Signature of New Registered Agent

If attending 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> |
|--------------|--------------------|---------------------------------------|--|
| VP | GUSTAVO M. CAMACHO | 2348 Sedge Grass WayOrlando, FL 32824 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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2021 APR 24 PM 2:43
TALLAHASSEE
FBI

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

MR GUSTAVO CAMACHO HAS BEEN REMOVED FROM THE COMPANY FOR PERSONAL
REASONS THAT INQUIRE HIM TO CONTINUE BELONGING TO OUR WORK TEAM

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2021 AUG 24 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 08/12/2021 **(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)

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 AUGUST 12 2021

DANNY ZEPEDA

Signature of a member or authorized representative of a member

DANNY ZEPEDA

Typed or printed name of signee