

**41822001819**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H18000051588 3)))



H180000515883ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From: Account Name : CORP USA  
 Account Number : 072450003255  
 Phone : (305)634-3694  
 Fax Number : (305)633-9696

**RECEIVED**

FEB 16 2018

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 IMUR USA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

**FILED**  
 18 FEB 16 AM 9:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**O SIMMONS**  
 FEB 19 2018



February 14, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

IMUR USA, LLC  
11055 LAGUNA BAY DR #208  
ORLANDO, FL 32821

SUBJECT: IMUR USA, LLC  
REF: L18000001819

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

FAX Aud. #: H18000051588  
Letter Number: 218A00003144

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TMUR USA, 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 1/3/2018 and assigned  
Florida document number L18000001819

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: 3034 ASHLAND LN S  
(Principal office address MUST BE A STREET ADDRESS) KISSIMMEE, FL 34741

Enter new mailing address, if applicable: 3034 ASHLAND LN S  
(Mailing address MAY BE A POST OFFICE BOX) KISSIMMEE, FL 34741

B. If amending the registered agent and/or registered office address on our records, enter the name of the  
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

Page 1 of 3

FILED  
18 FEB 16 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
MGR	CARLOS D SANCHEZ MARTINI	3034 ASHLAND LN S	<input type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LEONARDO J SANCHEZ MART	3034 ASHLAND LN S	<input type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ANDREA L VARAS	3034 ASHLAND LN S	<input type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MARIANNA A INFANTE DELG	3034 ASHLAND LN S	<input type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
18 FEB 16 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FILED  
18 FEB 16 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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.

(b) The 90th day after the record is filed.

Dated FEBRUARY 12 2018

Signature of a member or authorized representative of a member

CARLOS D SANCHEZ MARTINEZ

Typed or printed name of signer

Page 3 of 3

**Filing Fee: \$25.00**