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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	Delvis	S Perez	
	Imp	Proovd LLC Firm/Company	_
	9531 fontain	ebleau blva #	201
	Miami, FL	33172 City/State and Zip Code	
	E-mail address: (to	be used for future annual report not	fication)
For further information con	ncerning this matter, please cal	II:	
Delvis Pa	Person	at (<u>305</u>) <u>775</u> – Area Code Daytim	-4866 Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Impr	poyd LLC	orde)
(Same of the Limited L.) (A F	ability Company as it now appears on our recolorida Limited Liability Company)	<u>u us.)</u>
The Articles of Organization for this Limited Liabil Florida document number L1800025459	ity Company were filed on 10 30	and assigned
This amendment is submitted to amend the following	if:	な
A. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	;	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO2	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		rds, enter the name of the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street add	tress
		Florida
	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 **Title** Type of Action Name Address 9531 fontainebleau blud #201 Delvis Perez MGR Migmi, FL 33172 _**}x**(Add _□ Remove _□ Change ः Remove ω □ Change ক্র □ Add □ Remove □ Change □ Add ☐ Remove ____ Change □ Add □ Remove _□ Change □ Add ☐ Remove □ Change

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ote: If the	date is usied, the date inserted in t		ma cannot be pric t meet the appli	cable statutory) Pursuant to 605.020 will not be listed a
		ayed effective record is filed		ot an effectiv	ve time, at 12	2:01 a.m.	on the earlier o
nted <u>NOV</u>	lember :	39 th /	1. <u>2018</u> ///	·			
_	**	Signature of	a member or auth	horized represent	ative of a member		

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Filing Fee: \$25.00