

L19000040527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

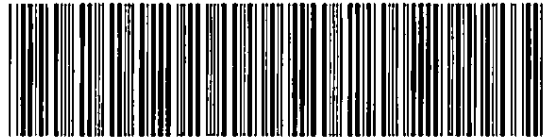
(Business Entity Name)

(Document Number)

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01/25/24--0111--06:00:00

2024 JAN 25 PM 5:43

cf 7/20/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Imeram Holdings 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:

Sixto Campano
Name of Person

—
Firm/Company

999 Mariner Dr.
Address

Key Biscayne FL 33149
City/State and Zip Code

sixto.campano@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sixto Campano at (305) 812-4761
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

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

Imeram Holdings LLC

2024 FEB 25 PM 5:42

(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 Feb 15, 2019 and assigned Florida document number L 19000040527.

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)

999 Mariner Dr.

Key Biscayne, FL

33149

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

999 Mariner Dr.

Key Biscayne, FL

33149

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sixto Campano	999 Mariner Dr.	<input checked="" type="checkbox"/> Add
		Key Biscayne FL	<input type="checkbox"/> Remove
		33149	<input type="checkbox"/> Change
MGR	Miguel A. Triay	92 Mather Road	<input checked="" type="checkbox"/> Add
		Stamford CT	<input type="checkbox"/> Remove
		06903	<input type="checkbox"/> Change
MGR	Miguel Triay	600 Grape Tree Dr	<input type="checkbox"/> Add
		Apt 10 CS	<input checked="" type="checkbox"/> Remove
		Key Biscayne, FL 33149	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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