

L210000 412568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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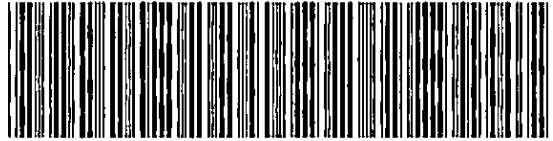
(Business Entity Name)

(Document Number)

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2024 JUL 23 11:52

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** IMCON SERVICE AND SUPPLY, 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:

SANDRA CASASOLA

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

10639 NW 122ND ST.

\_\_\_\_\_  
Address

MEDLEY, FL 33178

\_\_\_\_\_  
City/State and Zip Code

lucycasasola@yahoo.com

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

For further information concerning this matter, please call:

SANDRA CASASOLA

305 440-7493  
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

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

IMCON SERVICE AND SUPPLY, LLC.

2024 JUL 23 11:08:52

(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 1/22/2021 and assigned  
Florida document number L21000042568.

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:**

<u>Name of New Registered Agent:</u>	<u>SANDRA CASASOLA</u>
<u>New Registered Office Address:</u>	<u>10639 NW 122ND ST.</u>
	<i>Enter Florida street address</i>
	<u>MEDLEY</u> , <u>Florida</u> <u>33178</u>
	<i>City Zip Code</i>

**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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

ARTICLE V

OTHER PROVISIONS, if any:

IMCON SERVICE AND SUPPLY, LLC. IS DEDICATED TO IMPORT -EXPORT - LOCAL PURCHASES,  
SALE , DISTRIBUTION OF ANY GOODS, SPARE PARTS, MACHINERY AND ANY  
UNDERLAW BUSINESS.

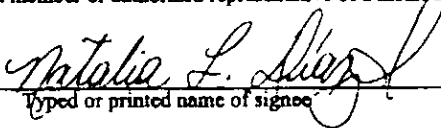
**E. Effective date, if other than the date of filing:** 7/18/ 2024 **(optional)**  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not 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.

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 MIAMI, FLORIDA , 7/18/2024

Signature of a member or authorized representative of a member

NATALIA L. DIAZ JIMENEZ

  
Typed or printed name of signee