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FALLAHASSEE, FL

A. BUTLER MAY 10 2022

COVER LETTER

TO: Registration Division of C			•		
SUBJECT:	IMA ENGINEERING ME	CHANICAL FIRE P	ROTECTION LLC		
SUBJECT.	Name of Lin	nited Liability Company ·			
The analogud Antique	of Amendment and foo(s) are sub-	united for filing			
	of Amendment and fee(s) are sub spondence concerning this matter				
		Sonia Becerra			
		Name of Person			
		Swyft Filings			
		Firm/Company			
		3 Greenway Plaza #13	320		
		Address	,		
		Houston, TX 7704	6 		
	•	City/State and Zip Code			
		hnnylima54@gmail. (to be used for future annual)			
For further information	n concerning this matter, please c	all:			
Sonia	Becerra	at ()	777-0450		
Nam	e of Person	Area Code	Daytime Telephone Number		
Enclosed is a check fo	r the following amount:				
№ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &		
Mailing Add Registration		<u>Street Ad</u> Registra	Idress: ation Section		
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 APR 11 PM 3: 32

LIMA ENGINEERING MECHANICAL FIRE PROTECTION OF STATE (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		for this Limited Liability Compar	ny were filed on	10/12/2021	and assigned
lorida documen	number	L21000445957			
his amendment	is submitted	to amend the following:			
A. If amending	name, <u>enter</u>	the new name of the limited lis	ability company he	ere:	
The new name must	be distinguisha	able and contain the words "Limited Lia	bility Company," the de	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new princ	ipal offices	address, if applicable:			
(Principal office	address MU	<u>IST BE A STREET ADDRESS)</u>			
Enter new maili	ng address,	if applicable:			
Mailing address	MAY BE A	(POST OFFICE BOX)			
					
3. If amending	the register	ed agent and/or registered offic	e address on our re	ecords, <u>enter the nan</u>	ne of the new registe
gent and/or the	new registe	ered office address here:			
Name o	<u>f New Regis</u>	stered Agent:			
New Re	gistered Off	ice Address:			
			Enter Flor	ida street address	
				, Florida	Zip Code
			Cin	 -	· · · · ·

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 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>	Address	Type of Action
AMBR	YVENA NORD	4160 NW 21ST UNIT C-134	
		LAUDERHILL, FL 33313	X lRemove
			□Change
MGR	YVENA NORD	4160 NW 21ST UNIT C-134	X iAdd
		LAUDERHILL, FL 33313	□ Remove
			□Change
			□Remove
			□Change
			🗖 Add
			🗆 Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			□ Remove
			□Change

-		
an effective lote: If th	date, if other than the date of filing:	
is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
ated	23 - 14 - 22. Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Filing Fee: \$25.00