

L22000123933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

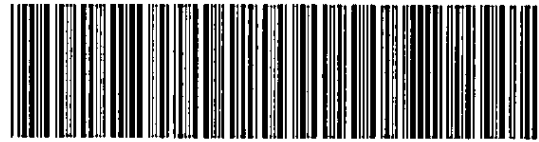
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/06/22--01016--012 \*\*25.00

22 JUL 12 PM 1:09

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. MATTHEWS

JUL 25 2022



RECEIVED

2022 JUL 12 AM 11:00

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

STATE  
FL

June 28, 2022

ISAAC AMRAM RYMAR  
13102 N 52ND STREET  
TEMPLE TERRACE, FL 33617

SUBJECT: I.M.A.R SECURITY LLC  
Ref. Number: L22000123933

We have received your document for I.M.A.R SECURITY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 422A00014602

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** I.M.A.R SECURITY 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:

ISAAC AMRAM RYMAR  
Name of Person

I.M.A.R SECURITY LLC  
Firm/Company

13102 N 52ND STREET  
Address

TEMPLE TERRACE, FL 33617  
City/State and Zip Code

rabbiamram@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISAAC AMRAM RYMAR at ( 917 ) 306-6457  
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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

22 JUL 12 PM 1:09

I.M.A.R SECURITY 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 03/10/2022 and assigned Florida document number L22000123933.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NONE

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:**

Name of New Registered Agent:

ISAAC AMRAM RYMAR

New Registered Office Address:

13102 52ND STREET

*Enter Florida street address*

TEMPLE TERRACE

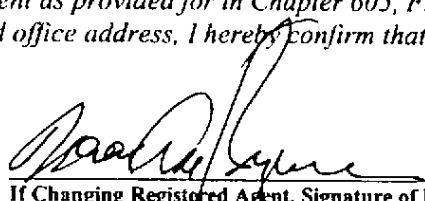
*City*

Florida 33617

*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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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