

L23000083317366
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000083317 3))



H230000833173ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONSULTAN MORENO LLC
Account Number : I20230000031
Phone : (954)952-5697
Fax Number : (954)206-6368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: consultanmoreno@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE BIG STRENGTH CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAR -6 AM 11:49

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

APR 25 2023

D CUSHING

H230000833173

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMB ENTERPRISES 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:

YIDID E HOYOS

Name of Person

Firm/Company

6283 LA COSTA DR APT M

Address

BOCA RATON FL 33433

City/State and Zip Code

consultamoreno@gmail.com

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

For further information concerning this matter, please call:

NOHORA MORENO

954

9525697

Name of Person

at ()

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

FILED
2023 MAR -6 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FL



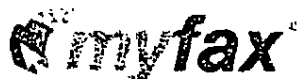
consultan moreno <consultanmoreno@gmail.com>

**Successful transmission to 18506176383. Re: IMB ENTERPRISES LLC
AMEDMENT**

1 mensaje

NoReply@myfax.com <NoReply@myfax.com>
Para: consultanmoreno@gmail.com

6 de marzo de 2023, 09:02



Your fax was successfully sent to 18506176383 by MyFax.

Fax Details

Reference ID: IMB E AMEDMENT

Date: 2023-03-06 14:02:46 (GMT)

Number of Pages: 6

Length of Transmission: 185 seconds

Receiving Machine Fax ID: 850-617-6381

Please note the domain used for sending a fax by email with MyFax has changed.
You must now follow your recipient's fax number by @send.myfax.com instead of
@myfax.com.

If you have any questions, please visit our online help center.

Thank you for choosing MyFax.

Sincerely,
The MyFax Team

Tip: Switch to an annual plan and save! Call (866) 378-2373 or email
support@myfax.com.

[Home](#) | [Features](#) | [How it Works](#) | [Mobile App](#) | [Support](#)

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

IMB ENTERPRISES 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 FLORIDAFlorida document number L23000038366

This amendment is submitted to amend the following:

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

N/A

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)

N/A

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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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

FILED
 2023 MAR -6 AM 11:49
 SECRETARY OF STATE
 TALLAHASSEE, FL
 assigned

H230000833173

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

[illegible]

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

N/A

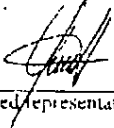
E. Effective date, if other than the date of filing: 02/01/2023 **(optional)**

(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 FEBRUARY 27, 2023



Signature of a member or authorized representative of a member

YIDIDE HOYOS

Typed or printed name of signee