

L23000083366

Florida Department of State
Division of Corporations
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H230000833173ABC.

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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

2023 MAR - 6 AM 11:49
SECRETARY OF STATE
TALLAHASSEE
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE BIG STRENGTH CORPORATION**

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APR 25 2023

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H230000833173

COVER LETTER

TO: **Registration Section**
Division of Corporations

IMB ENTERPRISES LLC
SUBJECT: _____

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

consultamorenog@gmail.com

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

For further information concerning this matter, please call:

NOTORA MORENO

954 9525697

Name of Person

at (_____
Area Code

Daytime Telephone Number

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

FILED

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



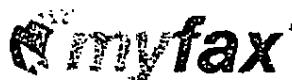
consultan moreno <consultanmoreno@gmail.com>

Successful transmission to 18506176383. Re: IMB ENTERPRISES LLC AMENDMENT

1 mensaje

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

6 de marzo de 2023, 09:02



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Fax Details

Reference ID: IMB E AMENDMENT

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**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 FLORIDA

Florida document number L23000038366

FILED
2023 MAR -6 AM 11:49

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,

_____, 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

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

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

Effective date, if other than the date of filing: _____ (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. or 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

VIDEOS HOYOS

Typed or printed name of signer

Filing Fee: \$25.00

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