

L240000161000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

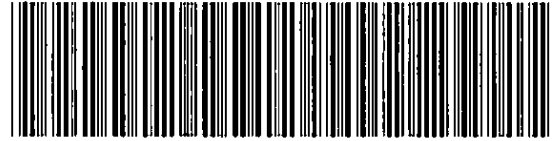
(Business Entity Name)

(Document Number)

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

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01/21/21 10:10:00 AM

6/11/24

2024 JUN 21 PM 12:44  
F.L.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IMAES CONSTRUCTION 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:

HEIDY PENA

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

IMAES CONSTRUCTION LLC

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

2315 FERN CIRCLE

\_\_\_\_\_  
Address

TAMPA FL 33604

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

CAROLINAPETTA@GMAIL.COM

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

For further information concerning this matter, please call:

HEIDY PENA

813 323-0954

\_\_\_\_\_  
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

2022 MAY 21 PM 12:44  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

IMAES CONSTRUCTION LLC

The Articles of Organization for this Limited Liability Company were filed on 05/17/2024 and assigned Florida document number L24000161000

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

**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)**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

**Florida**

Civ

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**

[illegible]

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

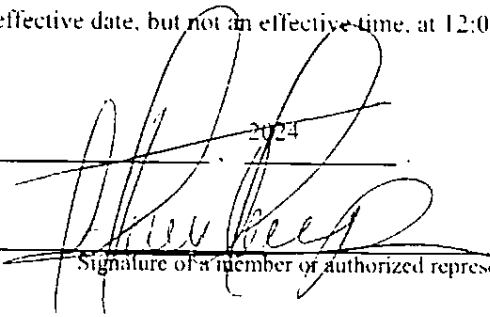
PLEASE REMOVED MANAGER : LINSY INDIRA CANALES PENA

ADD EIN FOR THE BUSINESS 99-2876414

**E. Effective date, if other than the date of filing:** 05/17/2024 **(optional)** SECRET  
(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 MAY 17

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

HEIDY PENA

\_\_\_\_\_  
Typed or printed name of signer