

P190000 14403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

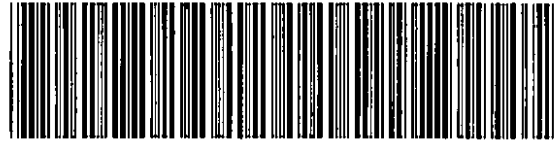
(Business Entity Name)

(Document Number)

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2019 SEP 26 PM 2:49

TALLAHASSEE, FL

SEP 27 2019

C. Kinsey





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2019

GILBERT VARGAS  
12331 WESTFIELD LAKES CIR  
WINTER GARDEN, FL 34787

SUBJECT: IREX SALES CORP  
Ref. Number: P19000014403

2019 SEP 26 PM 12:15

REC'D. 11/1/2019

We have received your document for IREX SALES CORP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please specify what changes you are doing with Saribel maldonado -evp please check they type of action either change, add or remove.

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.

Catherine M Wood  
Regulatory Specialist II

Letter Number: 419A00018846



## COVER LETTER

@ September 23  
2016

TO: Registration Section  
Division of Corporations

SUBJECT: IREX SALES CORPORATION

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:

GILBERT VARGAS

Name of Person

IREX SALES CORPORATION

Firm/Company

12331 WESTFIELD LAKES CIRCLE

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

GVARGAS@MHMCUSA.COM

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

For further information concerning this matter, please call:

GILBERT VARGAS

407

920-1735

at ( )

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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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

IREX SALES CORPORATION

(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 MARCH 07, 2017 and assigned  
Florida document number P19000014403.

This amendment is submitted to amend the following:

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

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:

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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARICARMEN APONTE	125 E PINE ST, APT 1218 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JORGE L MORALES- EVP	600 MAGUIRE PARK ST UNIT 203 OCOEE, FL 34761	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SARIBEL MALDONADO - EVP	600 MAGUIRE PARK ST UNIT 203 OCOEE, FL 34761	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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.

Dated AUGUST 26, 2019

**Filing Fee: \$25.00**