

L17000073658

12/22/2017 09:42

3059339393

SERBER&ASSOC.

PAGE 01/05

Division of Corporations

H170003352793

Page 1 of 2

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.

(((H17000335279 3)))



H170003352793ABC4

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 : SERBER & ASSOCIATES, P.A.
Account Number : I20000000083
Phone : (305) 932-6262
Fax Number : (305) 933-9393

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

Email Address: info@Serberlawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FORSE IMI, LLC

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

2017 DEC 22 AM 10:24

FILED
17 DEC 22 PM 12:05
STATE OF FLORIDA

S. WARREN
DEC 22 2017

Electronic Filing Menu

Corporate Filing Menu

Help

H17 000 3352 +93

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Forse IMI, LLC

DOCUMENT NUMBER: L17000073658

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL J SERBER
Name of Contact Person

SERBER & ASSOCIATES, P.A.
Firm/ Company

2875 NE 191ST STREET, SUITE 801
Address

AVENTURA, FL 33180
City/ State and Zip Code

INFO@SERBERLAWFIRM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAYA FRENKIEL at (305) 932.6262
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H17 00033 52793

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORSE IMI, 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 03/31/2017 and assigned Florida document number L17000073658

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 end with 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

City, Florida Zip Code

FILED DEC 22 PM 12:05 STATE OF FLORIDA

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

HUTTON 3352473

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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> |
|--------------|-------------|-------------------------------|---|
| MGR | Ian Ludmir | 2875 NE 191st STREET, STE 801 | <input checked="" type="checkbox"/> Add |
| | | AVENTURA, FL 33180 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

FILED
 17 DEC 22 PM 5:05
 CLERK OF DISTRICT COURT
 MIAMI COUNTY, FLORIDA

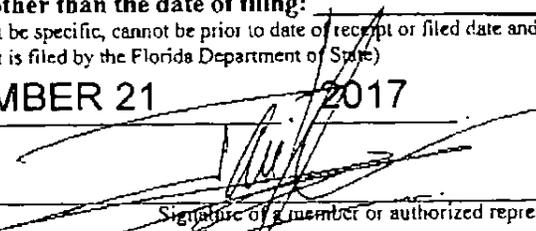
H 17000 3352793

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated DECEMBER 21 2017



Signature of a member or authorized representative of a member

IAN LUDMIR

Typed or printed name of signer

FILED
 17 DEC 22 PM 12: 05
 DEPARTMENT OF STATE
 PALM BEACH COUNTY, FLORIDA