

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.

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To:			
	Division of Corporation Fax Number : (850)		
From:	Account Name : REGIS Account Number : I2009 Phone : (307) Fax Number : (855)	0000081 200-2803	
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; LLC	, AMIND/RESTATE/CO		
•		ENT CONSULTING LLC	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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INSOLVENZMANAGEMENT CONSULTING 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 01/18/2022	and assigned
Florida document number L22000033919		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
IMC EUROPE LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	name of the new registered
New Registered Office Address:	Enter Florida street address	. 2
	EMET FIOTILII MICCI UUUTESS	
	, Florid	a Zip Gode
New Registered Agent's Signature, if changing Registered Agent:		22 a =
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I furthe performance of my duties, and I provided for in Chapter 605, F.S.	r agree to comply with the am familiar with and . Or, if this document is

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>	Address	Type of Action	
			□ Add	
			Remove	
	Market Market Control of the Control		□Add	
			□Remove	
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_____ □Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _ (optional) E. Effective date, if other than the date of filing: _ (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 02/03 2022 Morgan Noble Typed or printed name of signee

Filing Fee: \$25.00