

122000105302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

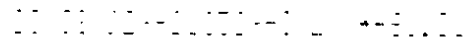
Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 MAY -9 AM 11:06

T. MATTHEWS

JUL - 6 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IML Pompano 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:

Menachem Light
Name of Person

Firm/Company

636 Midwood St
Address

Brooklyn NY 11203
City/State and Zip Code

Devorah@kfmanagement.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Devorah at () 305-778-4184
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
<u>Ambr</u>	<u>Florida Holding I LLC</u>	<u>7901 4th St N, St Petersburg FL 33702</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove as a mem
<u>Ambr</u>	<u>Wholesale Distributors LLC</u>	<u>7901 4th St N St Petersburg FL 33702</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove mem
<u>Ambr</u>	<u>115 S Lois Ave LLC</u>	<u>7901 4th St N, St Petersburg FL 33702</u>	<input checked="" type="checkbox"/> Add as mem <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

Please remove the 2 members and add
the new member

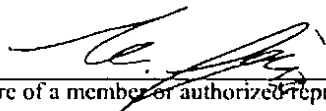
E. Effective date, if other than the date of filing: _____ (optional)

(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. on the earlier of: (b) The 90th day after the record is filed.

Dated 05/04/2022



Signature of a member or authorized representative of a member

Menachem Hersh

Typed or printed name of signor