

L02000027729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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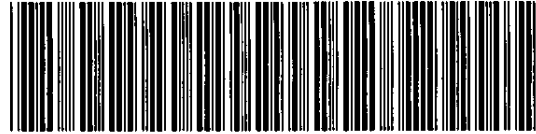
(Business Entity Name)

(Document Number)

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FILED
09 JUN 16 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2009 JUN 16 AM 11:26
NOT INTENDED
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SUFFICIENCY OF FILING

B. KOHR

JUN 17 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 037464 4303194

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : June 15, 2009

ORDER TIME : 9:27 AM

ORDER NO. : 037464-005

CUSTOMER NO: 4303194

FILED
09 JUN 16 PM 2:15
TALLAHASSEE, FLORIDA

DOMESTIC AMENDMENT FILING

NAME: MENIN ACQUISITION I, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Menin Acquisition I, 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 October 18, 2002 and assigned
Florida document number L02000027729

This amendment is submitted to amend the following:

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

IMI Kyoto Gardens I LLC

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)

c/o Miller Capital Advisory, Inc.

5750 Old Orchard Road, Suite 400

Skokie, IL 60077

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Miller Capital Advisory, Inc.

5750 Old Orchard Road, Suite 400

Skokie, IL 60077

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated June 8, 2009

Michael A. Goldberg

Signature of a member or authorized representative of a member

Michael A. Goldberg

Typed or printed name of signee