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| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Na | me) | | |
| (Document Number) | | | | |
| , | | , | | |
| Certified Copies | _ Certificate | es of Status | | |
| Special Instructions to | Filing Officer: | | | |
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FILED NOV 30 PM 3: 13 SECRETARY OF STATE

C. LEWIS

DEC 1 2009

EXAMINER

COVER LETTER

| Division of Co | Corporations | | |
|---------------------------|--|--|--|
| SUBJECT: | IMPERIAL CAPITAL GROUP, L.L.C. | | |
| | Name of Limited Liability Company | | |
| | | | |
| The enclosed Articles of | of Amendment and fee(s) are submitted for filing. | | |
| Please return all corresp | spondence concerning this matter to the following: | | |
| | | | |
| | FAY KATZ | | |
| | Name of Person | | |
| | | | |
| | Firm/Company | | |
| | 3370 HIDDEN BAY DR. STE 2610 | | |
| | Address | | |
| | | | |
| AVENTURA, FL 33180 | | | |
| | City/State and Zip Code | | |
| | fayfvz@gmail.com E-mail address: (to be used for future annual report notification) | | |
| For further information | o concerning this matter, please call: | | |
| tor tarmer antonnation | · · · · · · · · · · · · · · · · · · · | | |
| | at (| | |
| Name | of Person Area Code & Daytime Telephone Number | | |
| | | | |
| Enclosed is a check for | the following amount: | | |
| \$25.00 Filing Fee | S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) | | |

MAILING ADDRESS:

TO: Registration Section

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

FILED

2009 NOV 30 PM 3: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IMPERIAL CAPITAL GROUP, L.L.C.

(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 Lia | ability Company were filed on | 08/28/2009 | and assigned | |
|---|---|-----------------------------|-------------------------|--|
| Florida document numberL09000083 | 493 | | - | |
| This amendment is submitted to amend the follo | wing: | | | |
| A. If amending name, enter the new name of | the limited liability company her | <u>.e</u> : | | |
| IMPERIA | AL REALTY PARTNERS, L.I | C. | , | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limited Liability Compa | nny," the designation "L | LC" or the abbreviation | |
| Enter new principal offices address, if applica | ble: | | | |
| (Principal office address MUST BE A STREET | (ADDRESS) | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE B | <u></u> | | | |
| | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered off | r registered office address on o ice address here: | our records, <u>enter t</u> | he name of the new | |
| 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action <u>Address</u> **Title** <u>Name</u> MGR KATZ, ZENA 3370 HIDDEN BAY DR. STE 2610 🗸 Add AVENTURA, FL 33180 Remove Add Remove ☐ Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00