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C. LEWIS AUG - 2 2811 **EXAMINER**

COVER LETTER

Division of Co	orporations			
SUBJECT:	IMM S	ERVICES LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
		MARCAL C ALMEIDA		
		Name of Person		
	IMM SERVICES LLC			
		Firm/Company		
•	6768	HERITAGE GRANDE 103		
	<u> </u>	Address		
	BOY	TON BEACH, FL 33437		
	City/State and Zip Code			
	E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please of	call:		
Marcal C Almeida at (954) 214 - 249. Name of Person Area Code & Daytime Telephone		1495		
Name	of Person	Area Code & Daytime T	Felephone 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:

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

2011 AUG - 1 RH NO.

IMM SE	RVICES LLC	SECRE	TARY OF STATE
IMM SE (<u>Name of the Limited Liability</u> Co (A Florida Limi	mpany as it now appea ited Liability Company)	rs on our retords.	ASSEE, FLORIDA
(**************************************	·		
The Articles of Organization for this Limited Liability Comp	pany were filed on	09/10/2009	and assigned
Florida document numberL0900087575			
This amendment is submitted to amend the following:			
A Towns diagrams and a the many name of the limited	liability aamnany bas		
A. If amending name, <u>enter the new name of the limited</u>		<u>re</u> .	
	n/a		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	any," the designation "i	LLC" or the abbreviation
Enter new principal offices address, if applicable:	n/a		
Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:	n/a		
Mailing address MAY BE A POST OFFICE BOX)			
	 		
B. If amending the registered agent and/or registere		our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office address	here:		
Name of New Registered Agent:			
New Registered Office Address:			
-	Er	nter Florida street add	iress
		, 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> **Name** Address Type of Action MGR ISABELA N SILVA mg...r ☑ Add ☐ Remove 6768 HERITAGE GRANDE 103 BOYTON BEACH, FL 33437 □ Add Remove ☐ Add Remove □ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

Page 2 of 2

MARCAL C ALMEINA
Typed or printed name of signee

Signature of a member or authorized representative of a member

Filing Fee: \$25.00