To: Page 2 of 5		<b>DOOD</b> Florida D Divisi	boold 10:33:41 AM PDT Department of Son of Corporations ic Filing Cover She	512 State	233890552 From: Barbara Dang
	Note: Please		bottom of all pages of	e the fax audit number ( the document.	shown
			10000186546 3)))		
	To: From **Enter the annual	Division of Con Fax Number Account Name Account Number Phone Fax Number email address for t report mailings. En	<pre>e another cover sheet</pre>	INC. ty to be used for	future
RECEIVED	CRETARY	C AMND/RESTAT IM Certificate of Status Certified Copy Page Count Estimated Charge	E/CORRECT OR MCONN, LLC	M/MG RESIGN	FILED 10 AUG 19 AM 8:27 SECRETANY OF STATE TALLAHASSEE, FLORIDA
					J. BRYAN

AUG 202010

I.



I)

To: Page 3 of 5

13233890552 From: Barbara Dang

TO: Registration Section Division of Corporations

SUBJECT: IMMCONN, 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:

 Barbara Dang
 (Name of Person)

 Legalzoom.com, Inc.
 (Firm/Company)

 7083 Hollywood Blvd., Suite 180
 For further information concerning this matter, please call:

Barbara Dang (Name of Person)		at ( <u>323) 962-8600</u> (Area Code & Daytime Telephone Number)		
Enclosed is a check for	the following amount:		· .	
<b>\$25.00</b> Filing Fee	<b>\$30.00 Filing Fee &amp;</b> Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<b>S60.00</b> Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAL	LING ADDRESS:	STREET/COURIEI	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 . . .

8/19/2010 10:33:41 AM PDT

13233890552 From: Barbara Dang

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## IMMCONN, 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 Llability Company were filed on <u>08/04/2010</u> and assigned Florida document number <u>L10000081512</u>.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

# 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:

	(City)	(Zip Code)
		_, Florida
New Registered Office Address:	(Enter Fl	orida street address)
New Desistered Office A Marco		
Name of New Registered Agent:	<u></u>	۵، بار بار بار بار المار المار المار الم

#### 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)

. . ......

. \_ \_ \_

13233890552 From: Barbara Dang \_\_\_\_\_

\_\_\_\_\_

1.1.1.1

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>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If a man	ting any other information anter above	re(a) haven (Attach additional ch	ante i (manarenza)

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

	Article V. The address of member DANIEL S KUHN shall be:			
	1915 NE 45th Street Suite 107, Fort Lauderdale, Florida 33308	ALL	10	
		E	AUG	-71
		SEE	19	
			AM	D
Dated _	Aug: 14th	DRIDA	8: 27	
	Signature of a member or authorized representative of a member	<u> </u>		
	Daniel S Kuhn			
	Typed or printed name of signee			
	Page 2 of 2			

Filing Fee: \$25.00