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#### **COVER LETTER**

	BLUE WITTER Name of Lim	R TRUESTHENT KISS ited Liability Company	IMHCC, LLC
The enclosed Articles of A	Name of Lim	ited Liability Company	<del></del>
Please return all correspon	amendment and fee(s) are sub	mitted for filing.	
	dence concerning this matter	to the following:	
		Syen RAZA- Name of Person	
	Zuc	Name of Person  WASER HOUDINGS  Firm/Company	
		Sox 10231 Address	<del></del>
		10mps Fc 3367 City/State and Zip Code	79
		to be used for future annual report notifi	cation)
	ncerning this matter, please ca		
Name of	D KA-ZA- Person	at ( <u>813</u> ) <u>3vv - 3/</u> Area Code Daytime	'26 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:

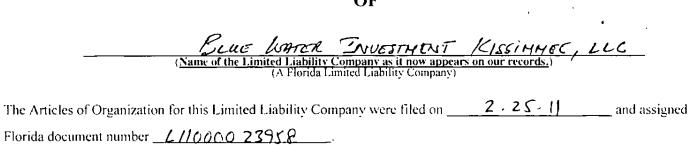
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## TO

### ARTICLES OF ORGANIZATION **OF**



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

This amendment is submitted to amend the following:

Enter new principal offices address, if applicable:	ि । • श्रम
Principal office address MUST BE A STREET ADDRESS)	سريفت سي سي المساور ال الما المساور ا
	C.D.L.
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nter new mailing address, if applicable:	70 TS
Aailing address MAY BE A POST OFFICE BOX)	
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registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	Circ	, Florida

#### 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 605, 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 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>	Type of Action
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cective date, if other than the date of filing:  officitive 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 695.02 to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed is current's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.  Sancia Caza  Signature of a member or authorized representative of a member  Sancia Caza		·	
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Filing Fee: \$25.00