Division of Corporations

Page 1 of 2

# Rloada Department of State Division of Corporations Electronic Phing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : MURAI, WALD, BIONDO, MORENO,

Account Number : 076150002103 Phone : (305)444-0101

Fax Number : (305)444-0174

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Email Address: Sfeldman @ Imcmv. Com

16 SEP -7 PM 1: 40

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IMCMV VIRGINIA BEACH, LLC

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#595 P.002/004

FAX AUDIT NUMBER: H16000222145 3

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ICMV VIRGINIA BEACH, LLC				
( <u>Name of the Limited</u> (A	Liability Company as it now apper	)			
The Articles of Organization for this Limited Liab Florida document number L14000048741	ility Company were filed on _	March 25, 2014	and assigned		
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	e limited liability company l	iere:			
IMCMV ATLANTA, LLC					
The new name must be distinguishable and contain the word	s "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable	le:		·		
(Principal office address MUST BE A STREET	ADDRESS)				
	<u></u>		·····		
Enter new mailing address, if applicable:	<u></u>				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		SE 6		
	<u> </u>		A 20 15		
		_	1 300		
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>ente</u> r	7.53		
	•				
Name of New Registered Agent:			8¥		
<del></del>			77		
New Registered Office Address:	Enter Flo	orida street address			
	. Florida				
-	City	) * IV: 404	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 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

Page 1 of 3

Fax Audit Number: H16000222145 3

MGR = Manager

### FAX AUDIT NUMBER: H16000222145 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Title <u>Name</u> Address Type of Action DbA 🗆 \_□ Remove \_\_\_\_ Change \_D Add \_□ Remove □ Change □ Add ☐ Remove \_□ Change □ Add Rémove □.Change □ Add <del>ا ر</del> ری Remove 

Fax Audit Number: H16000222145 3

Change

DbA 🔘

□ Remove

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