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(Requ	estor's Name)) "
(Addre	ess)	
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(City/S	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fili	ng Officer:	





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T. MATTHEWS MAR 17 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF

IMCMV ATLANTA, LLC

22 H = 1 PH 12: 05

	CMV ATLANTA, LLC	· · · · · · · · · · · · · · · · · · ·	<u> </u>
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on ida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on _3/25/1-	and amended on 9/7/16	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the design	ation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	DRESS)		
			·
Enter new mailing address, if applicable:			
(Muiling address MAY BE A POST OFFICE BOX)		•	
(maining dudress MAT BE AT OST OTTICE BOX)		.	
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:			of the new registered
	, Florida		
	Ciţ		Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:		
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	I complete performance of my I ægent as provided for in Cha ered office address, I hereby c	duties, and I am fai pter 605, F.S. Or, if	miliar with and this document is

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
AMBR	IMCMV HOLDINGS INC.	4901 Vineland Road	□Add
		Suite 600	■ Remove
		Orlando, FL 32811	□Change
MGR IMCMV Management LLC	4901 Vineland Road	■Add	
		Suite 600	□Remove
		Orlando, FL 32811	□ Change
			□Remove
			□Add
			□Remove
			□Change
			\ \ \ \ \Add
		(□Remove
			Change
			□Add
			□Remove
			□ Change

	tle V is amended to indicate that the Limited Liability Company is managed by a manager whose name and
addı	ess is IMCMV Management LLC, 4901 Vineland Road, Suite 600, Orlando, FL 32811.
m effecti <u>ote:</u> If	date, if other than the date of filing:
record s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	February 14 2022

Filing Fee: \$25.00