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2015 OCT 26 PH 3: 3: 3: ALLAHASSEE FLORED

OCT 27 2015 J. HARRIS

COVER LETTER

Division of Corpo	orations			
SUBJECT: IM GLOBAI	L INVESTMENTS LLC			
	Name of Limit	ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return all correspond	dence concerning this matter to	o the following:		
	STEPHEN KORN			
Name of Person				
		Firm/Company		
		· ····································		
	21150 NE 22nd Court			
		Address		
	MIAMI, FL 33180			
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	ilan@im-investments.com			
	E-mail address: (to	o be used for future annual report notifica	ation)	
For further information cor	ncerning this matter, please cal	11:		
STEPHEN KORN		754 214-5532		
Name of I	Person	at () Area Code Daytime T	elephone 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)	

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IM GLOBAL INVESTMENTS LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company	were filed on 4/30/2014	and assigned
Florida document number L14000069553		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		AS 21
•		
		25 25
Enter new mailing address, if applicable:		(3) Credital
(Mailing address MAY BE A POST OFFICE BOX)		TI TO THE OCCUPANT
		2734
	•	D ₁ , 1
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Madress.	Enter Florida street addre	SS
		lorida
	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 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>	Name	<u>Address</u>	Type of Action
AMBR	GLOBAL TRADING LLC	16192 COASTAL HWY	
		LEWES, DE 19958	Remove
			Change
AMBR	GLOBAL TRADES LLC	16192 COASTAL HWY	= Add
		LEWES, DE 19958	□ Remove
			□ Change
			□ Add
			Remove
			□ Change
			□ Add
			PG Remeve
			Addo Addo Remove
			Change
			Add
		<u> </u>	☐ Remove
			☐ Change

ctive date, if other than the date of filing: OCTOBER 21, 2015 (optional) effective 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 605.05 Effective date in streted in this block does not meet the applicable statutory filing requirements, this date will not be listed intent's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest end of any after the record is filed. OCTOBER 21 OCTOBER 21 July Signifure of a member or authorized representative of a member Signifure of a member or authorized representative of a member ILAN MARKOVITZ, AS MEMBER OF IM CONSTRUCTION LLC Typed or printed name of signee	NA	•		
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Filing Fee: \$25.00