# <u>14000127654</u>

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S. YOUNG

### COVER LETTER

TO:

Registration Section
Division of Corporations

SHRIECT

IMI 2 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:

## John L. Soileau

Name of Person

## Watson Soileau DeLeo Burgett & Pickles, PA

Firm/Company

# 3490 North U.S. Highway 1

Address

## Cocoa, FL 32926

City/State and Zip Code

#### mlrabinowitz@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## John Soileau

**321,631-1550** 

Name of Person

Area Code

Daytime 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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

IMI 2 LLC	
( <u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Company)	pears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed on	August 14, 2014 and assigned
Florida document number L14000127654	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>y here</u> :
IMI 2, LLC	
The new name must be distinguishable and end with the words "Limited Liability Company,"	the designation "LLC" or the abbreviation, "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	10 N = 01 = 01 = 01 = 01 = 01 = 01 = 01
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	38/11/19
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address
	, Florida
City	Zip Code

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma AMBR = Au	nager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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f amending any other information, enter change(s) here: (Attach additional	
Effective date, if other than the date of filing:	(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be m	(optional) ore than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be m the date this document is filed by the Florida Department of State)	(optional) ore than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be m the date this document is filed by the Florida Department of State)	(optional) ore than 90 days after
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<b>\</b>	(optional) ore than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be me the date this document is filed by the Florida Department of State)  Dated August 15, 2014	ore than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be m the date this document is filed by the Florida Department of State)	ore than 90 days after

Page 3 of 3

Filing Fee: \$25.00