

L 14 0001 27972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

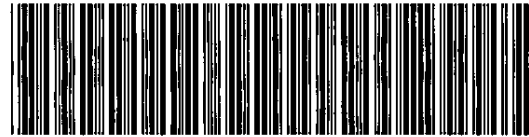
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200263708802

09/02/14--01013--025 \*\*25.00

FILED  
14 SEP -2 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6/11/14

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: IMI 1, 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 L. Soileau**

Name of Person

at **(321) 631-1550**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

IMI 1, LLC

Page 1 of 3

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 = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                      | <u>Address</u>                      | <u>Type of Action</u>           |
|--------------|----------------------------------|-------------------------------------|---------------------------------|
| MGR          | Mitchell Rabinowitz              | 7233 Bright Avenue, Cocoa, FL 32927 | <input type="checkbox"/> Add    |
|              |                                  |                                     | <input type="checkbox"/> Remove |
|              |                                  |                                     |                                 |
| MGR          | Island Mountain Investments, LLC | 7233 Bright Avenue, Cocoa, FL 32927 | <input type="checkbox"/> Add    |
|              |                                  |                                     | <input type="checkbox"/> Remove |
|              |                                  |                                     |                                 |
|              |                                  |                                     | <input type="checkbox"/> Add    |
|              |                                  |                                     | <input type="checkbox"/> Remove |
|              |                                  |                                     |                                 |
|              |                                  |                                     | <input type="checkbox"/> Add    |
|              |                                  |                                     | <input type="checkbox"/> Remove |
|              |                                  |                                     |                                 |
|              |                                  |                                     | <input type="checkbox"/> Add    |
|              |                                  |                                     | <input type="checkbox"/> Remove |
|              |                                  |                                     |                                 |
|              |                                  |                                     | <input type="checkbox"/> Add    |
|              |                                  |                                     | <input type="checkbox"/> Remove |
|              |                                  |                                     |                                 |

FILED  
14 SEP - 2 04 4: 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

---

---

---

---

---

**E. 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 more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 26, 2014

\_\_\_\_\_  
Signature of a member or authorized representative of a member

John L. Soileau

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 SEP -2 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA