## L1400127972

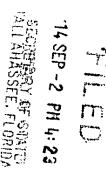
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## **COVER LETTER**

**Division of Corporations** 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 3490 North U.S. Highway 1 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:  $\underset{\text{at }(Area\ Code)}{\underbrace{321}} \underbrace{631\text{-}1550}_{\text{Daytime}\ Telepho}$ John L. Soileau Name of Person Daytime Telephone Number

MAILING ADDRESS:

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Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMI 1, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000127972</u>	were filed on 8/14/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabi	lity 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)		
		新华工
Enter new mailing address, if applicable:	<del>.</del>	SS -2
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our records as	<u> </u>
registered agent and/or the new registered office address here		ner the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I	am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mitchell Rabinowitz	7233 Bright Avenue, Cocoa, FL 3292	2 <b>7</b> □ Add
			■ Remove
MGR	Island Mountain Investments, LLC	7233 Bright Avenue, Cocoa, FL 3292	27 ■ Add
			Remove
			□ Add □ Remove
	<del></del>		SEP-2
			Remeve []
			Add
			Remove

If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
, , , , ,	
<del> </del>	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department of	of receipt or filed date and cannot be more than 90 days after
Dated August 26	2014
J Signature of a me	suber or authorized representative of a member
John L. Soileäu	
Т	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

