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2015 SEP 25 AP 11: 27
SECRETARY OF STAFE
TALLAHASSEE FLORID

SEP 29 2015 J. HARRIS

## COVER LETTER.

TO:		ration Secti on of Corpo			i	
OF ID ID		M Commun	ications LLC			
Name of Limited Liability Company						
The enc	losed A	rticles of An	nendment and fee(s) are subm	nitted for filing.		
Please re	eturn al	correspond	ence concerning this matter to	o the following:		
			Stephen Zuppas			
				Name of Person	particular of	
			Probability of the second of t	Firm/Company		
			16509 Grande Vista Drive			
				Address		
			Derwood, MD 20855			
				City/State and Zip Code	<del></del>	
			szuppas53@comcast.net			
			E-mail address: (to	be used for future annual report	t notification)	
For furth	ner info	rmation con	cerning this matter, please cal	1:		
Stephen	Zuppas			301 980-50		
		Name of Pe	erson	Area Code D	aytime Telephone Number	
Enclose	d is a ch	eck for the f	following amount:			
<b>■ \$</b> 25.	00 Filir	ng 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 TO ARTICLES OF ORGANIZATION OF

IM Communications LLC				
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our recor iability Company)	ds.)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on April 20, 2015	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:			
iM4Communications LLC				
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LL	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	N/A			
(Principal office address MUST BE A STREET ADDRESS)				
	·	ALALLA LA		
Enter new mailing address, if applicable:	MIO	The second second		
(Mailing address MAY BE A POST OFFICE BOX)		SE 2		
B. If amending the registered agent and/or registered of		ls, enter the name of the nev		
registered agent and/or the new registered office address here	<b>;</b>			
Name of New Registered Agent:	u la			
New Registered Office Address:				
	Enter Florida street addre	SS		
	, Florida			
	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 p		,		

MA

If Changing Registered Agent, Signature of New Registered Agent

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 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 3 A/A AMBR = Authorized Member <u>Title</u> **Name Address Type of Action** □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add \_□ Remove ∑ co C mge SSEE FLORIDA Change \_□ Add ☐ Remove ☐ Change

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Page 3 of 3

Filing Fee: \$25.00