

L15000086843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

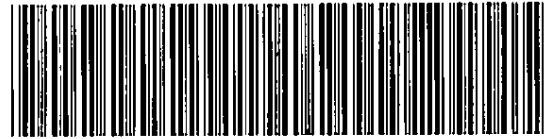
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

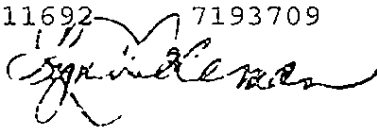
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FILED RECEIVED
2023 JUN 13 AM 8:29
CLERK OF STATE
TALLAHASSEE, FL 32301

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 811692 7193709
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : June 13, 2023
ORDER TIME : 10:21 AM
ORDER NO. : 811692-005
CUSTOMER NO: 7193709

DOMESTIC AMENDMENT FILING

NAME: IMA GROUP MANAGEMENT COMPANY
LLC

EFFECTIVE DATE:

Correction
XX ARTICLES OF
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMA Group Management Company, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Grant-Koehler

Name of Person

Greenberg Traurig, LLP

Firm/Company

2375 East Camelback Road, Suite 800

Address

Phoenix, Arizona 85016

City/State and Zip Code

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

For further information concerning this matter, please call:

Lori Grant-Koehler

Name of Person

at (602)

Area Code

445-8342

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: IMA Group Management Company, LLC

SECOND: The Florida Document number of the limited liability company is: L15000086843

THIRD: Document to be corrected is: Articles of Merger

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Statement to be corrected: Article SECOND, " The exact name, form/entity type, and jurisdiction of the surviving party are as follows: Name: IMA Group Management Company

LLC || Jurisdiction: Florida || Form/Entity Type: Limited Liability Company. The comma was inadvertently omitted in the name. The corrected Statement is as follows:

Article SECOND, " The exact name, form/entity type, and jurisdiction of the surviving party are as follows: Name: IMA Group Management Company, LLC || Jurisdiction: Florida ||

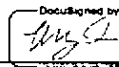
Form/Entity Type: Limited Liability Company. "

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

DocuSigned by


Signature of Authorized Representative

Date

FILED
JAN 13 AM 8:29
CLERK OF STATE
TALLAHASSEE, FL

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)