L16000093600

(Re	questor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor		· · · · · · · · · · · · · · · · · · ·	
IAM -	2016, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
	Amendment and fee(s) are sub	_	
	Daniel Wurtenberger, Esq		
		Name of Person	
	DPW Law Firm		
		Firm/Company	
	4500 PGA Boulevard, Sui	te 104	
		Address	
	Palm Beach Gardens, FL 3	33418	
	<u> </u>	City/State and Zip Code	
	dan@dpwlawfirm.com	to be used for future annual report notifi	antina V
For further information co	oncerning this matter, please ca	•	cation)
Daniel Wurtenberger		561 508-5642	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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 TO ARTICLES OF ORGANIZATION OF

1AM - 2016, LLC		
(Name of the Limited Liability (A Florida I.	Company as it now appears on our records. imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L16000093600</u>	mpany were filed on May 12, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	

The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" of	or the abbreviation, "L.L.C."
Enter new principal offices address, if applicable:		The second secon
<u>Principal office address MUST BE A STREET ADDRE</u>	<u></u>	- 1
		D: 43 ORID
Enter new mailing address, if applicable:		Om W
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida Zip Code
	City	Lip Cour

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.

If Changing Registered Agent, Signature of New Registered Agent

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ITAY BEN ZVI	366 NE 99th Street	
		Miami, FL 33138	□ Remove
			Change
MGR	AVI GOLDWASSER	67 Hook Drive	Add
		Mashpee, MA 02649	☐ Remove
			Change
			□ Add
			Remove
			□ Change
			□ Add
		-A	Remove
			Change
			Remove Change
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