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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Name of Limit	ENTS LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
		SHIR BENSUS Name of Person	AN
	IN	IN INVESTME	NTS LLC
	3973	194th LN Address	
		DEN BEACH City/State and Zip Code	
	Shir ni SSa E-mail address: (1	in <u> hotmail</u> . <u>cor</u> to be used for future annual report o	∼ otification)
For further information co	ncerning this matter, please ca	all:	
SHIR BET	USUSAN Person		S188 ime Telephone Number
Enclosed is a check for the	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:

TO:

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

IMN INVESTMENT			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appea iited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp. Florida document numberL_16000132312	• —	7,13.2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the o	designation "LEC" or the abb	previation "L.1.,C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u></u>	_/	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TALL AHASSEE.	FILED AHIO:
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address or here:	n our records, <u>enter</u>	the native of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rda street address	
	/	, Florida	
	City		Zip Code

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ILAN NISSAN		
		3973 194th LN, Golden Beach FL, 33160	⊠ Remove
			□ Change
PRES	ILAN NISSAN		
		3973 194th LN, Golden Beac FL,33160	<u>L</u> ⊠Remove
			🗆 Change
			□ Remove
			Change
			Add
			□ Remove
			□ Change
		.	Add
			□ Remove
			□ Change
			🗆 Add
			□ Remove
			□ Change

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: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated Nov 14 2019.
Signature of a member or authorized representative of a member
SHIR BENSUSAN
SHIR BENSUSAN Typed or printed name of signee

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Filing Fee: \$25.00