114000202973

| (Requestor's Name) |
|---|
| |
| (Address) |
| (/ (da1655) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| (Shystate/Ziph Hone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (====================================== |
| |
| Certified Copies Certificates of Status |
| |
| Sansal Instructions to Siling Office |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



400433235484

87/18/24--81915--829 **25.00

S. PRATHE:

COVER LETTER

| | ion Section of Corporations | | | | • | | |
|------------------------------|--------------------------------|------------------------------------|---|-------------------------------|--|--|--|
| | ACK, SIMMS & R | EIGHARD, PLLC | • | | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | | | | |
| | | | | | | | |
| The enclosed Artic | les of Amendment | and fee(s) are sub | mitted for filing. | | | | |
| Please return all co | rrespondence conc | erning this matter | to the following: | | | | |
| | JAMES | A. STAACK | | | | | |
| | | | Name of Person | | <u> </u> | | |
| | STAAC | K & SIMMS, PLL | .C | | | | |
| | | | Firm/Company | | | | |
| | 51 S. M. | AIN AVENUE, S | JITE 319 | | | | |
| | | | Address | | | | |
| | CLEAR | WATER, FL 3376 | 5 | | | | |
| | | | City/State and Zip C | ode | | | |
| | Jim@staa | ecklaw.com | • | | | | |
| | | | to be used for future an: | nual report notific | cation) | | |
| For further informa | ition concerning th | us matter, please c | att: | | | | |
| JAMES A. STAACK | | | 727 at (| 441-2635 | | | |
| 1 | Same of Person | | Area Code | Daytime ' | Telephone Number | | |
| Enclosed is a cheel | c for the following | amount; | | | | | |
| ■ \$25.00 Filing | |) Filing Fee & ficate of Status | □ \$55.00 Filing F Certified Copy (additional copy) | y | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| <u>Mailing A</u> Registra | address: tion Section | | | et Address: istration Sect | ion | | |
| Division | of Corporation | ns | Divi | Division of Corporations | | | |
| P.O. Bo Tallahas | x 6327 see, FL 32314 | | | Centre of Ta 5 N. Monroe | Ilahassee Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | <u></u> |
|--|---|
| ny as it now appears on our records.) | · |
| Liaointy Сопірапу) | *** · · · · · · · · · · · · · · · · · · |
| were filed on 11/03/2016 | ා: ඉා and assigned |
| | |
| | |
| | |
| oility company here: | |
| STAACK, SIMMS & REIGHARD, PLLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) of Organization for this Limited Liability Company were filed on 11/03/2016 and assigned then number L16000202973 ent is submitted to amend the following: In gname, enter the new name of the limited liability company here: IMMS, PLLC Inst be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" incipal offices address, if applicable: In grame of the registered agent and/or registered office address on our records, enter the name of the new registered the new registered office address here: In grame of the new registered office address on our records, enter the name of the new registered the new registered office address here: In grame of the new registered office address here: In grame of the new registered office address here: In grame of the new registered office address here: In grame of the new registered office address here: In grame of the new registered office address here: In grame of the new registered office address here: In grame of the new registered office address here: In grame of the new registered office address here: In grame of the new registered office address here: In grame of the new registered office address here: In grame of the new registered office address here: In grame of the new registered office address here: In grame of the new registered office address here: In grame of the new registered office address here: In grame of the new registered office address here: In grame of the new registered office address here: In grame of the new registered office address here: In grame of the new registered office address here: In grame of the new registered of the new registered office address here: In grame of the new registered of th | |
| lity Company," the designation "LLC" or the | abbreviation "L.L.C." |
| | |
| | . |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| adduses on our personal content the re- | of the many manist |
| address on our records, <u>enter the na</u> | me of the new regist |
| | |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| Enter Florida street address | |
| Florida | |
| , Florida | Zip Code |
| | ility company here: lity Company," the designation "LLC" or the address on our records, enter the nate that the street address Enter Florida street address , Florida |

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 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 | Membe | |

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | Remove |
| | | | □ Change |

| | | | | | _ |
|--|--------------------------------|--|------------------------------|--------------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | . | | _ |
| | | | | | |
| | | | | | |
| | | | | • | _ |
| | | | | | |
| | | | | | _ |
| | | | | | |
| | | | | | _ |
| | | | | | _ |
| | | | | | |
| | | | | | |
| | | | | | _ |
| | | | | | _ |
| <u></u> | | | | | _ |
| | | | | | |
| | | | | | |
| ctive date, if other than the c | date of filing: | | (options | ıb | |
| effective date is listed, the date must | be specific and cannot be pri- | | ore than 90 days after tilii | ng.) Pursuant to 6 | |
| e: If the date inserted in this blooment's effective date on the Dept. | partment of State's record | ls. | g requirements, this da | te will not be t | istea |
| | | | | | |
| ord specifies a delayed effective | date, but not an effective | time, at 12:01 a.m. c | on the earlier of: (b) | The 90th day a | fter th |
| filed. | | | | | |
| JULY 15 | 2024 | | | _ | |
| / | 1/2 | ······································ | | | 707 |
| finner | 1 Junes | | | :. | 2024 JEL 18 |
| | Shared of a manufact of our | horized representative | of a member | | - |
| | organite of a member of aut | | | | _ |
| JAMES A STAACK | signature of a memoer of au- | | | • | læ Pri |

Filing Fee: \$25.00