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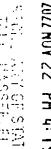
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COVER LETTER

TO:

Registration Section

Division of Co.	rporations		
AIWI TOTAL	INVESTMENTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	С	orey Toombs	
		Name of Person	
		Firm/Company	RED LLG
	2134 NEBULA V		
		Address	
	MELBOURNE F	L 32904 City/State and Zip Code	·
	corey@foxh	oledispatching.com	
For further information of	E-mail address: (concerning this matter, please o	to be used for future annual report notifiall:	neation)
Corey I	oombs	at (321_)354-54	
Name	oombs of Person	Area Code Daytime	z Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fcc & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassec c Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IWIA INVESTMENTS LLC				
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears ted Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compa	any were filed on	02/01/2017	and ass	igned
florida document number				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company her	<u>-e</u> :		
IMM INSURED LLC				
he new name must be distinguishable and contain the words "Limited I.	nability Company," the de	signation "LLC" or the abbr	eviation "L.	L.C."
Enter new principal offices address, if applicable:				_
Principal office address MUST BE A STREET ADDRESS	<u> </u>		-23-	
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			AON	11
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Enter new mailing address, if applicable:		<u>ා : </u>	2	in
Mailing address MAY BE A POST OFFICE BOX)		U) C	 	
		. The	·	
		<u>-12</u>	- -	
3. If amending the registered agent and/or registered offi	ce address on our re	cords, enter the name		v registe
gent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:	Enter Flori	da 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
	***		□Add
			□Remove
		□Add	
			□Remove
		□Change	
			□Remove
			☐ Change
		🗀 Add	
		□Remove	
			□Remove
			i Ti Changa

D. If amending a	iny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
,	
Note: If the dat	if other than the date of filing:
cord is filed.	is a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Feb	ruary 15 2023
	Signature of a member or authorized representative of a member
	Corey Toombs
	Typed or printed name of signee

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