

L170000026075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

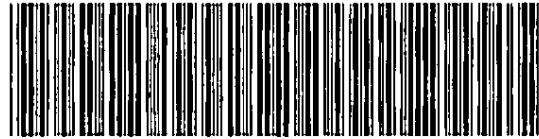
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IWIA INVESTMENTS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Corey Toombs

Name of Person

IMM INSURED LLC
Firm/Company

2134 NEBULA WAY UNIT 212

Address

MELBOURNE FL 32904

City/State and Zip Code

corey@foxholedispatching.com

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

For further information concerning this matter, please call:

Corey Toombs
Name of Person

at (321) 354-5462
Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

If Changing Registered Agent. Signature of New Registered Agent

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TALLAHASSEE, FL

MGR = Manager
AMBR = Authorized Member


AMBR = Authorized Member

[illegible]

[illegible]

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Dated February 15, 2023



Signature of a member or authorized representative of a member

Corey Toombs

Typed or printed name of signee