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	print this page and use it as a cover sheet. Type the fax (shown below) on the top and bottom of all pages of the document.
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	OT hit the REFRESH/RELOAD button on your browser spage. Doing so will generate another cover sheet.
 To:	
10.	Division of Corporations Fax Number : (850)617-6383
From:	
	Account Name : FRANK, WEINBERG, BLACK, P.L.
	Phone : (954)474-8000
	Account Number : 120040000083 Phone : (954)474-8000 Fax Number : (954)474-9850
	یں ہے۔ address for this business entity to be used for fut
**Enter the email a	: mailings. Enter only one email address please.*⊈
annual report Email Address	SElkin@fwblaw.net
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annual report Email Address	SElkin@fwblaw.net

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COVER LETTER

TO: Registration Section Division of Corporations

IMZ ADVISORY SERVICES, LLC

SUBJECT:

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:

STEVEN C. ELKIN, ESQ.

Name of Person

FRANK, WEINBERG & BLACK

Firm/Company

7805 S.W. 6TH COURT

Address

PLANTATION, FL 33324

City/State and Zip Code

SElkin@fwblaw.net

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

For further information concerning this matter, please call:

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

Mercy Rodriguez	954	474-8000 Ext. 138	
at at	()		
Name of Person	Area Code	Daytime Telephone Number	

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 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)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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OF	
IMZ ADVISORY SER	VICES, LLC
(Name of the Limited Liability Company (A Florida Limited Liab	
The Articles of Organization for this Limited Liability Company we	re filed on AUGUST 24, 2017 and assigned
Florida document numberL17000181622	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability	:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>_</u>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
-	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(MUMME UNDESTINAT DE ATOST UTFICE DUA)	
-	
B. If amending the registered agent and/or registered office	e address on our records, enter the name of the new
registered agent and/or the new registered office address here:	
	<i>:</i>
Name of New Registered Agent:	*****
New Registered Office Address:	
New Registered Office Autoess.	Enter Florida street address
	, Florid s
- <u></u>	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

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If amending Authorized Person(s) authorized to manage	, enter the title, name, and address of each person t	being added
or removed from our records:		

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MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
AMBR CORY J.	CORY J. DAVIS	137 WEST ROYAL PALM ROAD	Q Add
		BOCA RATON, FL 33432	E Remove
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ffective date, if other than the da	ate of filing:
an effective date is listed, the date must be over . If the date inserted in this black	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) < does not meet the applicable statutory filing requirements, this date will not be listed as the
ocument's effective date on the Depa	intment of State's records.
a record specifies a delayed e	ffective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the record	d is filed.
ated NOVEMBER 10,	2017
	- <u></u> ,
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	gueture of a facility of a suborized representative of a member
Sig	RWIN M. ZAGORIA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00

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