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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration So Division of Cor				
SURJECT: IM	B syndicate 11c	•		
30000000 <u></u>	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		:1		
	Droud Jarr	oud Jarrett		
		Name of Person		
	IMBsyndical	elle		
	(	Firm/Company		
	4603 s. Orang	e bloscom trail		
	J	Address		
	Criando, Fl	32834		
	erina ()	City/State and Zip Code		
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	concerning this matter, please ca			
Daoud Jarr	ett	at ( <b>310</b> ) 59	-8430	
	of Person		ne Telephone Number	
Park and Samula and Park	h - 2-11i			
Enclosed is a check for the	_	□ 655 00 UUU 0	C 540 00 Elling Coo	
\$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:		Street Address:	ution	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Talkahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF ARTICLES OF ORGANIZATION

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ Florida document number L21000349216 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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:

or removed from our records: And American MGR = Manager AMBR = Authorized Member 21 AUG 20 PH 2: 39 Type of Action Address Title Name | Daoud Jarrett 45035, Drange blossom trail Trade AMBR \_\_\_\_\_ □Remove \_\_\_\_\_ □Remove \_\_\_\_\_ Change □Remove \_\_\_\_\_ □Remove

□Remove

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