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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

* *	IMI ASSOCIATES LLC	*	ţ	r
(Same of the	e Limited Liability Company as i (A Florida Limited Liabilit	t now appears on o y Company)	ur records.)	111.11
The Articles of Organization for this Lim	ited Liability Company were	filed on JANUA	RY 12, 2023	and assigned
Florida document number L23000027707	·			-
This amendment is submitted to amend the	ne following:			
A. If amending name, enter the new na	ame of the limited liability c	ompany here:		
The new name must be distinguishable and contain	in the words "Limited Liability Cor	npany," the designa	tion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if a	applicable:			
(Principal office address MUST BE A S	TREET ADDRESS)			
			·	·
Enter new mailing address, if applicable	le:			
(Mailing address MAY BE A POST OF)	FICE BOX)	·		
		•		
B. If amending the registered agent an		s on our record	s, <u>enter the nan</u>	ne of the new register
agent and/or the new registered office a	iddress here:		- نانه	22
Moure of Name Designant Access				2023
Name of New Registered Agent				<u>(_</u>
New Registered Office Address	<u> </u>	Enter Florida str	an addens	2
		Ener 1 in laa sii		PH
		ώ. 	, Florida	ي Zip Code
New Registered Agent's Signature, if chan	ging 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
DPST	ISABELLA M. IGLESAIS	1507 N.W. 159 LANE	
		PEMBROKE PINES, FL 33028	=0
			Change
MGR	ISABELLA M. IGLESIAS	1507 N.W. 159 LANE	≣Add
		PEMBROKE PINES, FL 33028	□Remove
			DAdd
			Remove
			Change
			□Remove
			□Change
			🗀 Add
			Remove
			□Change
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	ite of filing: c specific and cannot be pri c does not meet the appl	icable statutory filing rec		
he record specifies a delayed effective d ord is filed.	ate, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b) The 90th	day after the
Dated	, 2023	·		
	la Alaxia	()		

Typed or printed name of signee