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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	IMB ENTERPRISES LLC Name of Limited Liability Company				
SOBJECT.					
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please returr	all correspo	ndence concerning this matter	to the following:		
		MATHIEU LACOUTUR	E HOYOS		
		•	Name of Person		
		IMB ENTERPRISES LLC			
		_	Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		1015 VENTNOR AVE, G			
			Address		
		DELRAY BEACH, FL 33	444		
			City/State and Zip Code		
		MATHIEULACOUTURE4	<u>-</u>		
		E-mail address: (to be used for future annual report no	dification)	
For further i	nformation c	oncerning this matter, please ca	all:		
MATHIEU	LACOUTU	RE HOYOS	786 397-0998		
	Name o	f Person	at ()at ()	ne Telephone Number	
Enclosed is	a check for th	ne following amount:			
□ \$25.00 l	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres		Street Address:	aatian	
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMB ENTERPRISES LLC (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 __01/20/2023 and assigned Florida document number L23000038366 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 "L.L.C." 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
MGR	NATHAN CHINGBONG HO	1015 Ventnor A, G Delray Beach, FL 334444	= Add
		 	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		-	□Remove
			□Change
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Filing Fee: \$25.00