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(Address)

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(City/State/Zip/Phone #)

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(Document Number)

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12 NOV 19 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Imagine Media and Marketing, 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:

Brent Miklowitz
Name of Person

Imagine Media and Marketing, LLC
Firm/Company

7595 Baymeadows Cir W #2006
Address

Jacksonville FL 32256
City/State and Zip Code

Brent@imaginemam.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brent Miklowitz at (904) 607-8878
Name of Person 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

Imagine Media and Marketing LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

12 NOV 19 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/15/2011 and assigned
Florida document number 211000052086

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Imagine Creative Agency, LLC

The new name must be distinguishable and end with 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)

7643 Gate Parkway #2
~~7595 Baymeadows Cir W #2006~~
Jacksonville FL 32256

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7595 Baymeadows Cir W #2006
Jacksonville FL 32256

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

Florida

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

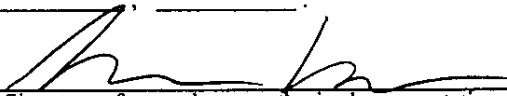
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	DAVID B. JONES	755 Plover St 578 Royal Palms Dr. Atlantic Beach FL 32233	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Brent J. Miklowitz	7595 Baymeadows Cir W Jacksonville FL 32256	³²²⁰⁶ <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Address change: Stephen W Kraun -
513 Golden Lake Loop
St. Augustine FL 32084

Dated _____



Signature of a member or authorized representative of a member
Stephen Kraun

Typed or printed name of signee