

LI2000155975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

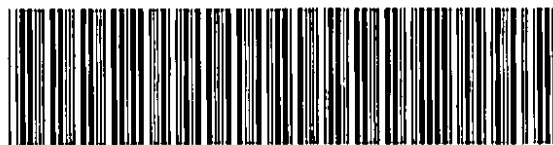
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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AUG 22 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMPERIAL GARDENS PROPERTIES 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:

VICTOR VERDI
Name of Person

VERDI ASSOCIATES GROUP, INC.
Firm/Company

312 E. VENICE AVENUE SUITE 203
Address

VENICE, FLORIDA 34285
City/State and Zip Code

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

For further information concerning this matter, please call:

VICTOR VERDI at (732) 829-8397
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**

IMPERIAL GARDENS PROPERTIES 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 01-03-2013 and assigned Florida document number L12000155975.

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)

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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 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 attending 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>	<u>Address</u>	<u>Type of Action</u>
MGR	REGINA DIBELLO	836 29TH AVENUE N	<input type="checkbox"/> Add
		ST PETERSBURG, FLORIDA 337	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RONALD SAM GIBELLINA	2743 DESOTO ROAD	<input type="checkbox"/> Add
		SARASOTA, FLORIDA 34234	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GARY M GIBELLINA	49-A DOLPHIN DRIVE	<input checked="" type="checkbox"/> Add
		TREASURE ISLAND, FL. 33706	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CINDY L GIBELLINA	2743 DESOTO ROAD	<input checked="" type="checkbox"/> Add
		SARASOTA, FLORIDA 34234	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 8/13 2018

Ronald S Gibellina
Signature of a member or authorized representative of a member

RONALD S GIBELLINA
Typed or printed name of signee