# L160000 44321

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration So Division of Con			
IMAGE 21			
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	JORGE MARTIN		
		Name of Person	<del></del>
	IMAGE 21, LLC.		
		Firm/Company	
	6350 SW 8th Street		
	<del></del>	Address	
	Miami, Florida 33144		
	aalfano@lawalfano.com	City/State and Zip Code	<del></del>
	E-mail address: (t	o be used for future annual report notificati	on)
For further information of	concerning this matter, please ca	11:	
Alexander J. Alfano, Es	quire	305 450 8550	
Name o	of Person	at () Area Code Daytime Tel	ephone Number
Enclosed is a check for t	he 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

IMAGE 21, 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 and assigned L16000044321 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: n/a The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." n/a 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>	<u>Address</u>	Type of Action
AMBR	JORGE MARTIN	6350 SW 8th Street, Miami, Florid:	■ Add
			□ Remove
		<del></del>	☐ Change
MGR	MARIELA ISABEL SALTOS		
			Remove
		<del>.</del>	Change
MGR	JORGE MARTIN		
			■ Remove
			Change
AMBR	MARIELA ISABEL SALTOS	<del></del>	Add
			Remove
			Change
			DAdd
			□ Remove
			☐ Change
			□ Remove
			Change

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Effective date, if other than the o	date of filing:			(oı	otional)		
If an effective date is listed, the date must <b>Note:</b> If the date inserted in this blo	be specific and canno	t be prior to da	e of filing or more	than 90 days a	fter filing.) Pursu	uant to 605,020	)7 (3) s the
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document's effective date on the De							
				ne at 12/07	1 a.m. on th	ne earlier o	or:
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Filing Fee: \$25.00