P20000087544

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A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: IMAGINATION ?	M3 GIFTING GROUP INC.	
	BER: P20000087544		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	Articles of Amendment and fee are submitted for filing. Il correspondence concerning this matter to the following:		
	THOMAS, GREGORY W		
	·	Name of Contact Person	
	IMAGINATION M3 GIFTIN	NG GROUP INC	
		Firm/ Company	
	PO BOX 991092	• •	
		Address	
	NAPLES, FL 34116		
		City/ State and Zip Code	
	BESTVALUETFS@YAHOO	O.COM	
	-	sed for future annual report	notification)
For further informatio	n concerning this matter, plea		, 200-0209
Name (of Contact Person	Area Coc	200-0209 le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amendi Division The Ce	Address ment Section of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of



IMAGINATION M3 GIFTING GROUP INC

•					
	(Name of Corporation	as currenti-	v filed with ti	he Florida Der	it of State)

IMAGINATION M3 GIFTING GROUP INC (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: LAM IMAGINATION M3 INC name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." SAME AS OLD B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: SAME AS OLD (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add X Remove			
2) Change	MGR	SMITH, JANETTE	PO BOX 9910926
Add			NAPLES, FL 34116
Remove 3.1 Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

(Altaen <i>additional sheets.</i>)	if necessary).	es, enter change (Be specific)	<u>.(3) 1167 C</u> .		
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		N/A			
				 	
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If an am <u>endment provid</u>	es for an excha	nve reclassificat	tion or cancellat	ian of issued sh	iroc
provisions for implement (if not applicable, in	ating the amend	lment if not con	tained in the am	endment itself:	11.634
(if not applicable, in	dicate N/A)				
					
		N1/3			
		N/A 			

, ,	10/25/2020	
The date of each amendment(s) date this document was signed.	ndoption:	, if other than the
	25/2020	
Effective date if applicable:	(no more than 90 days af	ier amendment file date)
Note: If the date inserted in this document's effective date on the E		utory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of	directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number sufficient for approval.	of votes cast for the amendment(s)
	proved by the shareholders through voti r each voting group entitled to vote sepa	
"The number of votes cas	t for the amendment(s) was/were suffici	ent for approval
by		, N
•	(voting group)	
นว์/18/วกว	1	
Dated	·	
Signature		
select	director, president or other officer – if di ed, by an incorporator – if in the hands o nted fiduciary by that fiduciary)	rectors or officers have not been f a receiver, trustee, or other court
	GREGORY W THOMAS	
	(Typed or printed name of)	person signing)
	CEO 0	£
	(Title of person signing)	