

L180000 H2S432

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 317-6383

From:
Company Name : TAXLEAF.COM INC
Account Number : 123147153989
Phone : (335) 541-1986
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IMPERIUM 47 LLC

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Corporate Filing Menu

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NOV 03 2020

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IMPERIAL 47 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 07/06/2018 and assigned Florida document number 113090158422.

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: FELIPE GALLINO

New Registered Office Address: 4281 N CONGRESS AVE #131

Enter Florida street address

BOYTON BEACH, Florida 33426

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 603, 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.

Felipe Gallino

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Type of Action</u>
MGR	MENECHINI, LUCA	3055 SW 165TH AVE	☐ Add
		MIRAMAR, FL 33027	☒ Remove
			☐ Change
MGR	MENECHINI, ANNA	4781 N CONGRESS AVE #1131	☒ Add
		BOYNTON, FL 33426	☐ Remove
			☐ Change
MGR	MENECHINI, GIOVANNI	4781 N CONGRESS AVE #1131	☒ Add
		BOYNTON, FL 33426	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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F. 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.) (US-0207) (3 kb)

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.

(b) The 90th day after the record is filed.

Dated OCTOBER 2ND 2020

~~Signature of a member or authorized representative of a member~~

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Type or extent of storage