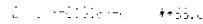
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(Requestor's Name)	
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PICK-UP WAIT	MAIL
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Special Instructions to Filing Officer:	
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COVER LETTER

TO:

Registration Section

Div	ision of Corp	orations	•			
	ASAP, LLC			, .		
SUBJECT:			ted Liability Company			
The enclosed	l Articles of A	mendment and fee(s) are sub-	nitted for filing.			
lease return	all correspon	dence concerning this matter t	to the following:			
		Nicole Smith				
					2022	
			Name of Person		5	
			Firm/Company		ှု ကို	٠.
		2641 Wyndsor Oaks Way			PH 2:	
			Address		رن بر	
		Winter Haven, FL 33884			O,	
		ed@asapprints.com	City/State and Zip Code			
		E-mail address: (t	o be used for future annual report notifi	cation)		
for further in	nformation col	ncerning this matter, please ca	itl:			
Sicole Smitt	1		863 2218417 at ()			
	Name of I	Person	Area Code Daytime	Felephone Number		
inclosed is a	check for the	following amount:				
□ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
Reg	iling Address: gistration Sc	ection	Street Address: Registration Sec			
	rision of Co). Box 6327	•	Division of Corp The Centre of Ta			
	lahassee. Fl		2415 N. Monroe		()	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ASAP, LLC						
(Name of the Limited)	Liability Compa Florida Limited I	ny as it now appears on our r liability Company)	ecords.)			
The Articles of Organization for this Limited Liabi Florida document number 1.01000012710		were filed on July 30, 200	1	an	d assigr	ied
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of th	e limited liab	ility company here:				
Imagine Intent, LLC						
The new name must be distinguishable and contain the word	s "Limited Liabil	lity Company," the designation	"LLC" or the ab	breviati)l <mark>t</mark> ≳no 2	• • •
Enter new principal offices address, if applicab	le:	2641 Wyndsor Oaks Way	·	1 (3	~ <u>`</u>	1 1
(Principal office address MUST BE A STREET A		Winter Haven, FL 33884		• - ~	`= ÷ <u>}</u>	,
					ന —	
Enter new mailing address, if applicable:		2641 Wyndsor Oaks Way		,	11 2:1	···
(Mailing address MAY BE A POST OFFICE BOX)	<u>).Y)</u>	Winter Haven, FL 33884			رن	· -
B. If amending the registered agent and/or registered office address l		address on our records, g	enter the nan	ne of th	e new i	egistere
Name of New Registered Agent:	Edward Smith					
New Registered Office Address:	2641 Wyndsor	Oaks Way				
New Neglacied Cyrice / Nairess		Enter Florida street	address			
	Winter Haven		_, Florida <u>33</u>	884		
		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

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Fitle</u>	<u>Name</u>	Address	Type of Action
AMBR	Edward Smith	2641 Wyndsor Oaks Way, Winter Haven, FL 33884	= Add
			□Remove
			□Change
			□Add
			Remove Remove Remove
			☐ Xdd
			Remove
			□Change □Add
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