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Account Name : CALANDRINO LAW FIRM, P.A.

Account Number : I20000000241 Phone ; (407)841-7280

Fax Number : (407)841-7282

## LIMITED LIABILITY AMENDMENT

**IMAGINE DESIGNWORKS, LLC** 

Certificate of Status	0
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## TRANSMITTAL LETTER

TO: Registration Division of C			
SUBJECT: Imagine	DesignWorks, LLC	.imited Liability Company)	<del></del>
	(• 1110000 4.0.0		
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
	Philip K. Calandrino, Esq.		
		(Name of Person)	SECRETARY OF STATE TALLAHASSEE FLORIDA
			超黃刀
Cala	ndrino Law Firm, P.A.		
		(Firm/Company)	Y-6 M O 5 TARY OF STATE HASSEE FLORI
			FES
601 N. M	lagnolia Avenue, Suite 300		
		(Address)	DATE 55
0	rlando, Florida 32801		
	(City	/State and Zip Code)	****
For further information	concerning this matter, please	call:	
Philip K. Caf	andrino	at ( 407 ) 841-72	280
<del> </del>	(Name of Person)		ne Telephone Number)
Enclosed is a check for th	e following amount:		
2 \$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)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street

409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Imagine DesignWorks, LLC

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(Present Name) (A Florida Limited Liability Compa	ny)
FIRST:	The Articles of Organization were filed on May 5, 2005 document number L05000044647	and assigned
SECOND:	The following amendment(s) to the Articles of Organizat liability company:	ion was/were adopted by the limited
Article 4 is amend managed compan	ed as follows: One or more managers shall manage the limited y. The initial managers of the limited liability company shall be	liability company. Therefore, it is a manager- Peter J. Stern, Robert Molnar, and Barbara Vance.
Dated <u>May</u>	6 , 2005  Signature of a member or authorized representative Philip K. Calandrino  Typed or printed name of signee	FILED  OS HAY -6 AN IO: 55  SECRETARY OF STATE TALLAHASSEE FLORIDA

Filing Fee: \$25.00