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2011 SEP - 1 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

SEP - 2 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMAGINE IT, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN R. DOWD, JR., ESQUIRE

Name of Person

DOWD LAW FIRM, P. A.

Firm/Company

108 EGLIN PARKWAY, S.E.

Address

FORT WALTON BEACH, FL 32548-5519

City/State and Zip Code

john@dowdlawfirm.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JON SEARCY

Name of Person

at (850) 650-2202

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

FILED

2011 SEP -1 PM 12:30

IMAGINE IT, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/23/2006 and assigned
Florida document number L06000032330.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MOUNTAIN IT, LLC

The new name must be distinguishable and end with 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)

415 MOUNTAIN DRIVE

SUITE 4

DESTIN, FL 32541

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

415 MOUNTAIN DRIVE

SUITE 4

DESTIN, FL 32541

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:

DOWD LAW FIRM, P. A.

New Registered Office Address:

108 EGLIN PARKWAY, S. E.

Enter Florida street address

FORT WALTON BEACH

City

Florida

32548-5519

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 608, 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.

John R. Dond, Jr.

If Changing Registered Agent, Signature of New Registered Agent

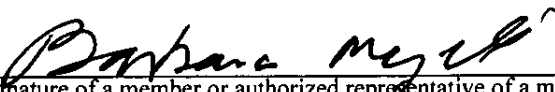
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MIZELL ROGERS, BARBARA	3196 LUCAS LAKE ROAD CHIPLEY FL 32428	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BARBARA MIZELL	415 MOUNTAIN DRIVE SUITE 4 DESTIN, FL 32541	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ROGERS, EDWARD	3196 LUCAS LAKE ROAD CHIPLEY FL 32428	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	EDWARD ROGERS	415 MOUNTAIN DRIVE SUITE 4 DESTIN, FL 32541	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated AUGUST 24, 2011


Signature of a member or authorized representative of a member
BARBARA MIZELL
Typed or printed name of signee

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TALLAHASSEE FLORIDA