## 68000048778

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09 JAN 29 PM 3: 52

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JAN 8 0 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: New Image Universe LLC (Name of Lindied Liability Company)
(Name of Engited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Yanita Svarez
(Name of Person)
New Image Universe LLC
1147 W. Columbia Are
Kissimme 14 34741
(City/State and Zip Code)
For further information concerning this matter, please call:
Janita Surret at (407) 518 1142
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Status (additional copy is enclosed)  \$25.00 Filing Fee & 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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

## RECEIVED

09 JAN 29 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 26, 2008

YANIRA SUAREZ 1147 W COLUMBIA AVE KISSIMMEE, FL 34741

SUBJECT: NEW IMAGE UNIVERSE L.L.C.

Ref. Number: L08000048710

We have received your document for NEW IMAGE UNIVERSE L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Letter Number: 008A00058595

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

ARTICLES OF A TO ARTICLES OF O OI	O RGANIZATION F	SECRETARY DIVISION OF CO
New Image (	Inverse LLC	PH 3:
( <u>Name of the Limited Liabilit∳Compar</u> (A Florida Limited L	iy as it now appears on our records.) lability Company)	ATION ATION 1: 52
The Articles of Organization for this Limited Liability Company Florida document number <u> しり800048キャ</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit"L.L.C."	ed Liability Company," the designation "LLC"	' or the abbreviation
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)	1147 W. Columbia Kissimmee FL	Ave 34741
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address	5)
	(City), Florida	Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		sip Code)
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ete performance of my duties, and I am for an ovided for in Chapter 608, F.S. Or, if the address, I hereby confirm that the limited	amiliar with and his document is I liability
(If Char	nging Registered Agent, Signature of New Registe	red Agent)

3.

MGR = Manager

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:

<u>tle</u>	<u>Name</u>	Address	Type of Action
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
If amend	ling any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.)	SECRETAR DIVISION OF C 09 JAN 29
/ <u> </u>			— <b>—</b> 976
ated	JANUARY 20	2009.	PSTATE PORATIONS  M 3: 52
		ember or authorized representative of a member  ANYA LAREE  'yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00