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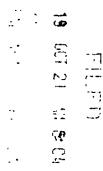
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	-





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COVER LETTER

TO:	Registration Se Division of Cor			
	imagine I	ifestyles holdings, LLC.		
SUBJI	ECT:	<u> </u>		
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		jared jukel		
			Name of Person	
		imagine lifestyles holding	s, lle.	
			Firm/Company	
		901 Pennsylvania Avenue	. Suite 3-420	
			Address	
		Miami, FL 33139		
		i(@ii1);1	City/State and Zip Code	
		jared@imaginelifestyles.co	om to be used for future annual report notil	ication
For fur	ther information c	oncerning this matter, please co		ication
jared j		oncerting this matter, please ca	786 9429995	
			at ()	: Telephone Number
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$2:	5.00 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:

TO:

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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		- 6
imagine lifestyles holdings, LLC.		·
(Name of the Limited Liab	ility Company as it now appears on our records.) da Limited Liability Company)	
(27 1 101)	da Emmed Elabinty Company)	K) [
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number <u>L10000049490</u>	 ·	₩
This amendment is submitted to amend the following:		\ <u></u>
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enternment william Address 26 a. E. Al		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	istered office address on our records, <u>en</u>	ter the name of the ne
registered agent and/or the new registered office ad	<u>dress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
The registered office Address.	Enter Florida street address	
	Florida	
	riorida	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

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>	Type of Action
AMBR	Jared Jukel	901 Pennsylvania Avenue, Suite 3-420, Miami Beach, FL 33139	Add
			Remove
			□ Change
AMBR	Jared Jukel Revocable Trust	901 Pennsylvania Avenue, Suite 3-420, Miami Beach, FL 33139	Add
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
			□ Change

				
				
				
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ective date, if other than the dan effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department.	does not meet the applica	o date of filing or more the	(optional) an 90 days after filing.) Pursu uirements, this date will no	ant to 605.020 ot be listed as
	ffective date, but not	an effective time	, at 12:01 a.m. on th	e earlier o
record specifies a delayed ef he 90th day after the record	i is medi			
he 90th day after the record October, 15th	2019			
The 90th day after the record October, 15th	2019	<u> </u>		
he 90th day after the record October, 15th	2019			
ed	2019		member	

Page 3 of 3

Filing Fee: \$25.00