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| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

| Section<br>Corporations                         |  |  |  |  |
|---|--|--|--|--|
| IMAGINE LIFESTA                                 | E) HOUSENGS, LL  | ·( .   |  |  |
| Name of Lir                                     | nited Liability Company  |  |  |  |
| of Amendment and fee(s) are su                  | bmitted for filing.  |  |  |  |
| spondence concerning this matter                | r to the following:  |  |  |  |
| Ryan Safady                                     |  |  |  |  |
|   | Name of Person   | <del>-</del>   |  |  |
| 250) [[]  | Firm/Company   |  |  |  |
| 3501 Haddonfield Road                           | Address  |  |  |  |
| Pennsauken, NJ 08109                            | ridicis  |  |  |  |
| jared@imaginelifestyles.c                       | City/State and Zip Code  |  |  |  |
| E-mail address:                                 | (to be used for future annual report not   | ification)   |  |  |
| n concerning this matter, please of             | 609 5191551  |  |  |  |
| e of Person                                     | at () Area Code Daytin   | ne Telephone Number  |  |  |
| r the following amount:                         |  |  |  |  |
| ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  |  |  |
| ress:<br>n Section                              | Street Address:<br>Registration Se   | ction  |  |  |
| Corporations                                    | Division of Cor  | Division of Corporations   |  |  |
|   | Name of Lin  Name of Lin  Name of Lin  Of Amendment and fee(s) are su spondence concerning this matter  Ryan Safady  Jared@imaginelifestyles.c  E-mail address:  of concerning this matter, please of the following amount:  Salo 00 Filing Fee & Certificate of Status  Tess:  of Section | Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:  Ryan Safady  Name of Person  Firm/Company  3501 Haddonfield Road  Address  Pennsauken, NJ 08109  City/State and Zip Code jared@imaginelifestyles.com  E-mail address: (to be used for future annual report not in concerning this matter, please call:  at ( |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 1. 21 111 2: 08 Imagine Lifestyles Holdings, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ \_\_ and assigned Florida document number \_\_\_\_\_L10000049490 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 3501 Haddonfield Road Enter new mailing address, if applicable: Pennsauken, NJ 08109 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address:

## 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

Enter Florida street address

\_\_\_\_, Florida \_\_\_

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> | Name        | Address               | Type of Action |
|--------------|-------------|-----------------------|----------------|
| MGR          | Ryan Safady | 3501 Haddonfield Road |                |
|              |             | Pennsauken, NJ 08109  |                |
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| ective date, if other than the da<br>effective date is listed, the date must be | ite of filing:   | <del></del>  | (optional)                     |              |
| te: If the date inserted in this block  | specific and cannot be prior to does not meet the applicat | date of filing or more than 9<br>le statutory filing require | ments, this date will not be l | isted a      |
| rument's effective date on the Depa   |  |  |                                |              |
|   |  |  |                                |              |
| cord specifies a delayed effective d  | ate, but not an effective tim                              | e, at 12:01 a.m. on the ea                                   | rlier of: (b) The 90th day a   | fter the     |
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| s filed.<br>January 14th  | 2020   |  |                                |              |
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