L11000105031

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SECRETARY OF STATE

J. BRYAN

DEC -5 2011

EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJE	СТ:	Exotic Ir	nagination LLC		
		Name of Limi	ted Liability Company		-
The end	closed Articles of A	mendment and fee(s) are sul	omitted for filing.		
Please r	eturn all correspond	dence concerning this matter	to the following:		
			Alexander Perez		
			Name of Person		
		E	Exotic Imagination LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	- - 23
		1	11837 Shotgate Court		是 1
		Address		一類こと	
<u>.</u>			Orlando FL 32837		EC-2 PA RETASSEE, I
		City/State and Zip Code		- F. S. C.	
		E-mail address: (omka83@gmail.com	notification)	TALLAHASSEE, FLORID
For furt	her information con	cerning this matter, please c	•	,	<i>V</i>
		nder Perez	at (_774)	253-5405	
	Name of P	erson	Area Code & Day	ytime Telephone Numb	ær
Enclose	d 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 enclo	Certificosed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclosed)
	MAILIN	G ADDRESS:	STREET/COU	URIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Exot	ic Imagination LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appea la Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	09/13/2011	and assigned
Florida document numberL11000105031	 ·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			· ·
(Principal office address MUST BE A STREET AD	DRESS)	A	SEC TI
		<u>'</u>	CR P
Enter new mailing address, if applicable:		ć	ARY M
(Mailing address MAY BE A POST OFFICE BOX)	·		F S S
			REAL W
B. If amending the registered agent and/or reg registered agent and/or the new registered office a		our records, <u>enter tl</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ei	nter Florida street addi	ress
	City	, Florida	Zip Code
	City		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.

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>	Type of Action
MGR	Mark C Allison-Grant	8068 Windy Hill Way Orlando FL 32837	Add ✓ Remove
~-\\			Add Remove
_			Add Remove
			Add Remove
			☐Add ☐Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necess	Z
			FILED SECRETARY OF S
Dated	November 23/	<u></u>	2: 31
	Signature of a n	nember or authorized representative of a member	
		Alexander Perez Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00