

L13000086432

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 29 2013

T. BROWN

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: IMAGEN MODULAR U.S 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:

**BERNARDO RIVERA**

Name of Person

**KAIROS MULTISERVICES, LLC**

Firm/Company

**7315 CARLYLE AVENUE #5**

Address

**MIAMI BEACH, FL 33141**

City/State and Zip Code

**KAIROSMULTISERVICES1@GMAIL.COM**

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

For further information concerning this matter, please call:

**BERNARDO RIVERA**

Name of Person

at ( **786** ) **234-2802**

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  
13 OCT 24 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IMAGEN MODULAR U.S 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 06/14/2013 and assigned  
Florida document number L13000086432.

This amendment is submitted to amend the following:

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

CREATION GROUP, 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)

400 NW 128TH STREET

NORTH MIAMI, FL 33168

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

400 NW 128TH STREET

NORTH MIAMI, FL 33168

**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:

KAIROS MULTISERVICES, LLC

New Registered Office Address:

7315 CARLYLE AVENUE #5

*Enter Florida street address*

MIAMI BEACH

*City*

, Florida 33141

*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>	<u>Type of Action</u>
MGRM	OMANA, JESUS E, SR	11367 NW 7TH ST #206	<input type="checkbox"/> Add
		MIAMI, FL 33172	<input checked="" type="checkbox"/> Remove
MGRM	FALCHETTI, TONINO, SR	11397 NW 7TH ST #101	<input type="checkbox"/> Add
		MIAMI, FL 33172	<input checked="" type="checkbox"/> Remove
MGRM	DELIZ, VANESSA M	400 NW 128TH STREET	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FL 33168	<input type="checkbox"/> Remove
MGRM	MARTIN, JOSE F	400 NW 128TH STREET	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FL 33168	<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.)*

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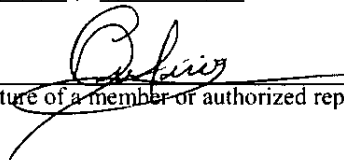
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Dated OCTOBER 22, 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
JESUS OMANA  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00