# 113000102295

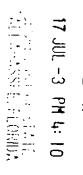
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S. WARREN
JUL 0 5 2017

### **COVER LETTER**

		FION GROUP LLC		
SUBJECT:	Name of Limi	ted Liability Company		_
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	ndence concerning this matter t	o the following:		
	ViCT	OR BELITCHENKO		
		Name of Person		
	IMAC	IINATION GROUP LLC		
		Firm/Company		
	3779 S	II.VER STAR RD		
		Address		
		ORLANDO		
		City/State and Zip Code		<del>,</del>
		FL 32808		<del></del>
	E-mail address: ()	o be used for future annual re	eport notification)	
For further information c	concerning this matter, please ea	ill;		
VICTOR BEI	JTCHENKO	407	920 7889	
Name c	of Person	at () Area Code	Daytime Telephone Nu	mber
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cert osed) Certi	0 Filing Fee, ificate of Status & ified Copy nonal copy is enclose

#### 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

l	MAGINATION GROUP LLC		
( <u>Name of the Limited  </u> (A	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	
he Articles of Organization for this Limited Liab lorida document numberL13000102295	ility Company were filed on	07/18/2013	and assigned
his amendment is submitted to amend the follow	ing:		
A. If amending name, <u>enter the new name of th</u>	e limited liability company he	<u>re</u> :	
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the de	esignation "LLC" or the c	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
Principal office address MUST BE A STREET	<u> ADDRESS)</u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO			
B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:			
New Registered Office Address:			
, te la tegenda de la terra della terra de		ida street address	
		, Florida _	Zip Code
			Zip Code
New Registered Agent's Signature, if changing Res	gistered Agent:		
I hereby accept the appointment as registered i			

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 limity, 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>	Address	Type of Action
MGR	YULHA BELICHENKÖ	436 N BOYD ST	<b>■</b> Add
		WINTER GARDEN	Remove
		F1. 34787	☐ Change
MGR	OLESYA BELITCHENKÓ	1167 ENCOURTE GREEN	<b>5</b>
		АРОРКА ————————————————————————————————————	□ Remove
		F1. 32712	□ Change
			Add
			□ Remove
			☐ Chang <b>e</b>
			□ Add
			☐ Remove
			Change
			□ Add
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			-3 Add CO Remove
			☐ Change

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If the date inserted in this banent's effective date on the I ecord specifies a delaye	e date of filing:  Ist be specific and cannot be prior to date of filing or more than 90 clock does not meet the applicable statutory filing requirer Department of State's records.  In deffective date, but not an effective time, at	nents, this date will not be list
e 90th day after the red		
d	2017	
	tous	
	Signature of a member or authorized representative of a member	ber ====================================
	7	
	AMOTAD DELETORESION	
	VICTOR BELITCHENKO	
	Typed or printed name of signee	——————————————————————————————————————
·		<del></del>

Filing Fee: \$25.00