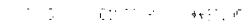
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COVER LETTER

TO:	Registration Sec Division of Corp			
CUDIE	IMAGE UW	L.L.C.		
SUBJE	CI:	Name of Limi	ted Liability Company	
The end	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspon	dence concerning this matter t	to the following:	
		LUIS EDGARDO ARISM	ENDI SERRANO	
			Name of Person	
		IMAGE UW L.L.C.		
			Firm/Company	
		150 SE 25 ROAD, APT 6H	I	
			Address	
		MIAMI, FL 33129		
			City/State and Zip Code	·-·
		luis.arismendi l@gmail.com		
			o be used for future annual report no	tification)
For furt	her information co	ncerning this matter, please ca	ll:	
Luis E.	Arismendi Serrano)	609 997-1191 at ()	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclose	d is a check for the	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:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMAGE UW L.L.C.				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
e Articles of Organization for this Limited I	Liability Company	y were filed on 08/21/2015	and assigned	
orida document number L15000143479	<u></u> .			
is amendment is submitted to amend the fol	lowing:			
If amending name, enter the new name	of the limited liab	pility company here:		
oto Miami Pro L.L.C.				
e new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or the a	bbreviation "L.L.C."	
inter new principal offices address, if applicable:		n/a (same as original)		
rincipal office address MUST BE A STRE	ET ADDRESS)			
ter new mailing address, if applicable:		n/a (same as original)	· · · · · · · · · · · · · · · · · · ·	
ailing address MAY BE A POST OFFICE	BOX)			
		· · · · · · · · · · · · · · · · · · ·		
If amending the registered agent and/or ent and/or the new registered office addre	registered office	address on our records, enter the nan	ne of the new registe	
	oo dere			
Name of New Registered Agent:	n/a (same as or	riginal)		
New Registered Office Address:	n/a (same as or	riginal)	~ :	
		Enter Florida street address	22	
		, Florida		
		City		

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remove	ed from our records:
MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
···			□ Add
			□Remove
			□Remove
			Change
			□Add
			□ Remove
			□Change
			□ Add
			□Remove
			Change
			□Add

			· · · · · · · · · · · · · · · · · · ·
			
			
			
			-
			
			
Trute date inscried in thi	the date of filing: must be specific and cannot be prior to dat s block does not meet the applicable se Department of State's records.	(option te of filing or more than 90 days after fil statutory filing requirements, this d	al) ling.) Pursuant to 605.0207 (3 late will not be listed as th
he record specifies a delayed effe ord is filed.	ctive date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
ord is med.			
Dated July 21	2021		
July 21	, 2021		

Filing Fee: \$25.00