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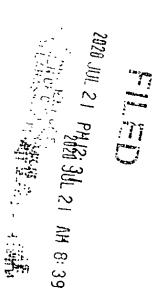
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COVER LETTER

	Registration Se Division of Cor			
\$110 HZ	IMAGINE CAPITAL, LLC			
SUBJEC	- I :	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		ADRIAN MIDDLETON	ESQ	
			Name of Person	
			Firm Company	
		1437 MARKET ST		
			Address	
		TALLAHASSEE, FL 323	12	
			City/State and Zip Code	
		ADRIAN@SWORDANDS		
			to be used for future annual report no	utication)
For furth	er information c	concerning this matter, please c	all:	
ADRIA	N MIDDLETON	K, ESQ	850 815 0256	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed	l is a check for th	he following amount:		
■ \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	ection
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>7</u>87

IMAGINE CAPITAL, LLC	i i i
(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 9/08/20 Florida document number L15000150493	olf Pand Signed
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 design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our recoragent and/or the new registered office address here:	rds, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida:	
Cuy	, Florida Zip Code
Serv.	

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

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	THOMAS ANDREW HAGAR	1437 MARKET ST	= Add
		TALLAHASSEE, FL	□Remove
			[]Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
		<u> </u>	□Remove
			Change
			□ Add
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			□Change
			□Remove
			□Change

,	
	<u> </u>
(If an e	tive date, if other than the date of filing:
he reco ord is f	and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	July 20 2020
	Signature of a member or authorized representative of a member
	KAREN SABLINA ARIZA

Filing Fee: \$25.00