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COVER LETTER

TO: • Registration Section Division of Corporations

SUBJECT:

IMAGINE CAPITAL, 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:

ADRIAN MIDDLETON, ESQ

Name of Person

MIDDLETON & MIDDLETON, P.A.

Firm/Company

1437 MARKET ST

Address

TALLAHASSEE FL 32312

City/State and Zip Code

UPDATES@SWORDANDSHIELD.COM

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

For further information concerning this matter, please call:

ADRIAN MIDDLETON, ESQ

850 815 0256

Name of Person

at (_____)

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

e □ \$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)

<u>Mailing Address:</u> 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

IMAGINE CAPITAL, 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 Com Florida document number <u>L15000150493</u> .	apany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<i>SS</i> /	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amonding the registered count and (an excitate of a		202
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	the address on our records, <u>enter the name</u>	e of the new.registered
Name of New Registered Agent:		0
New Registered Office Address:	Enter Florida street address	30
	, Florida	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 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
MGR	HAGAR, THOMAS ANDREW	1437 MARKET ST	🗆 Add
		TALLAHASSEE FL 32312	■ Remove
			🗋 Change
			🗆 Add
			🗆 Remove
			Change
			🗆 Add
			🗆 Remove
		<u> </u>	
			🗆 Add
			Change
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			🗆 Remove
			Add
			🗆 Remove
			🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

FEBRUARY 3 Dated	2021	
/		
	Signature of a member or authorized representative of a member	
KAREN ARIZA		
	Typed or printed name of signee	·