L160000 44321

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT M	IAIL
(Business Entity Name)	
(Document Number)	
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AUG 0 7 2018 S. YOUNG

COVER LETTER-

TO: Registration So Division of Cor			
	IMA	GE 21, LI	-C.
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALEXANDER ALFANO,	ESQ.	
	-	Name of Person	
	FINANCIAL LEGAL GR	OUP, INC.	
		Firm/Company	
	2655 LE JEUNE ROAD,	, FOURTH FLOOR	
	_	Address	
	CORAL GABLES, FL 33	3134	
		City/State and Zip Code	
	AALFANO@LAWALFAN	O.COM to be used for future annual report noti	fication)
For further information of	concerning this matter, please c		
ALEXANDER ALFANG	O, ESQ.	305 450-8550	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
Ü	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Registi	ING ADDRESS:	STREET/COURI Registration Section	n
Divisio	on of Corporations	Division of Corpor	rations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Taliahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

IMAGE 21, LLC.			
(<u>Name of the Lim</u>	ted Liability Company (A Florida Limited Liab	as it now appears on our records.) outity Company)	
The Articles of Organization for this Limited L Florida document number L16000044321	iability Company we	ere filed on MARCH 2ND, 2016	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name α	of the limited liabilit	y company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable: _	_	<u> 75 8</u>
Principal office address MUST BE A STREA	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE			ED 5: 34 SEE, FLOROA
3. If amending the registered agent and registered agent and/or the new registered of		e address on our records, <u>ent</u>	er the name of the
Name of New Registered Agent:	ANAISY NUNEZ	JIMENEZ	
New Registered Office Address:	6350 SW 8TH S	Τ	
		Enter Florida street address	
	MIAIM	, Florida	33144
		City	Zıp 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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ANAISY NUNEZ JIMENEZ	6350 SW 8TH ST	⊟ Add
		MIAMI, FL 33144	Remove
			Change
AMBR	JORGE MARTIN	6350 SW 8TH ST	
		MIAMI, FL 33144	■ Remove
			Change
MGR	MARIELA ISABEL SALTOS	6350 SW 8TH ST	Add
	MIAMI, FL 33144	□ Remove	
		Change	
			Remove
			□ Remove
·		☐ Change	
		Add	
			Remove
			Change

Note:	date, if other than the date of filing: date d
(b) Th	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	07/26/2018
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00