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## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: Imperial Connect LC  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:						
Ulysses Pearce Name of Person						
Imperial CONNECT LLC Firm/Company						
1470 NW 193rd Ter Address						
miami Gardons Fl 33169						
City/State and Zip Code  VS S 33022 D Y an OO COM  E-mail address: (tobe used for future annual report notification)						
For further information concerning this matter, please call:						
Ulysses Pearce at (ASU) 200-3501  Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
Z \$25.00 Filing Fee						

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

ed 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 Florida document number 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 designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 6 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Ma $AMBR = Aa$	anager uthorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
AMBR	Ulysses Pearce	Address 1470 NW 1931d Ter Wignigurdens Fl 33169 DAdd
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(If an effective Note: If the	date, if other than the date we date is listed, the date must be space to the date inserted in this block does effective date on the Departr	ecific and cannot be prior to da oes not meet the applicable	te of filing or more than 90 days	optional) after filing.) Pursuant to 605.0207 (3, this date will not be listed as the
he record The 90	d specifies a delayed effe th day after the record i	ective date, but not ar s filed.	effective time, at 12:0	01 a.m. on the earlier of:
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