Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the

(((11170000513923)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : API PROCESSING

Account Number : 120110000069

Phone

: (954)567-0013

Fax Number

: (934)567-3401

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kathy@api processing.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IMPERIUM REALTY SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

FEB 27 2017

02/24/2017 13:50 API Processine

9545673401

NO.938 #001

850-617-6361

2/24/2017 9:36:34 AM PAGE

1/001 Fax Server

Page 1065



February 24, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

IMPERIUM REALTY SERVICES, LLC 100 KINGS POINT DRIVE APT. 1802 SUNNY ISLES BEACE, FL 33160

SUBJECT: IMPERIUM REALTY SERVICES, LLC

REF: L17000012847

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

LAST PAGE IS MUCH TOO DARK TO READ SIGNATURE

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II FAX Aud. #: H17000051392 Letter Number: 417A00003610

H17000051392 3 Page 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Imperium Realty Services, LLC		1000 1000
(Name of the Limited Liability Company as it now annu (A Florida Limited Liability Company	urs on our records.)	75, 4
The Articles of Organization for this Limited Liability Company were filed on Florida document numberL17000012847	January 17, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company i	<u>here</u> :	
Imperium Realty Management, LLC		
The new name inust be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbr	eviation "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 or registered agent and/or the new registered office address here:	on our records, <u>enter t</u>	ic name of the new
Name of Now Registered Agent:	 	
New Registered Office Address: Enter Fl	orida 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

Page 1 of 3

H17000051392 3

Zip Code

9545673401

HO.938 #004

H17000051392 3

Page 4 of 5
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 Type of Action Address Title. Name □ Add □ Remove □ Change □ Add ☐ Remove . (H) Q. □ Climgo □ Kemove ☐ Change □ Add □ Remove ☐ Change _□ Remove

☐ Change

	H170000 5139; sending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	· · · · · · · · · · · · · · · · · · ·
•	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
•	
•	24 = m
•	1 1 2 Sept 1
•	
	92 5 92 5
if an et Note:	tive date, if other than the date of filing: [Coptional] frective date is listed, the date must be specific and earnor be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
ne re The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	1/ Fabruary 22, 2017
	Signature of a member/or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00