17000157451

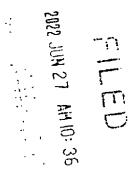
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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A. RAMSEY

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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

| | IMAGE LLC | | | |
|--------------------------------------|--|---|---|--|
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | `Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | RAPHAEL J. LALLOUZ | | | |
| | | Name of Person | | |
| | SHAPERS IMAGE, LLC | | | |
| | | Firm/Company | · · · · · · · · · · · · · · · · · · · | |
| | 14631 SW 87TH PLACE | | | |
| | | Address | | |
| | MIAMI, FL 33176 | | | |
| | | City/State and Zip Code | · · | |
| | RLALLOUZ@GMAIL.CO | M to be used for future annual report notif | ication) | |
| For further information | concerning this matter, please co | | · · · · · · · · · · · · · · · · · · · | |
| RAPHAEL J. LALLOU | Z | 941 432.1111 | | |
| Name of Person | | at () Area Code Daytime | : Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| <u>Mailing Addre</u> Registration | | Street Address: Registration Sec | etion | |
| Division of C | Corporations | Division of Corp | porations | |
| P.O. Box 6327 | | The Centre of Tallahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JEN 27 AMIN- 26

| SHAPERS IMAGE LLC | | | 20 HILLO 20 |
|---|--|---|------------------------------|
| (Name of the Lim | ited Liability Compa (A Florida Limited l | inv as it now appears on our records. Liability Company) |) |
| The Articles of Organization for this Limited I Florida document number $\frac{L17000157451}{L17000157451}$ | iability Company | were filed on July 24, 2017 | and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here: | |
| SHAPERS IMAGE, LLC | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 14631 SW, 87TH PLACE | |
| (Principal office address MUST BE A STREET ADDRESS) | | MIAMI, FL 33176 | |
| Enter new mailing address, if applicable: | | 14631 SW. 87TH PLACE | |
| (Mailing address MAY BE A POST OFFICE BOX) | | MIAMI, FL 33176 | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | | address on our records, <u>enter t</u> | he name of the new register |
| Name of New Registered Agent: | RAPHAEL J. LALLOUZ | | |
| New Registered Office Address: | 14631 SW, 87T | TH PLACE, MIAMI, FL 33176 | |
| THE WINCESTEE STILL FRANCISCO | | Enter Florida street address | |
| | MIAMI | . Floi | rida <u>33176</u> |
| | | City | 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, 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> | <u>Address</u> | Type of Action |
|--------------|-----------------------|---------------------------------------|--------------------|
| MGR | RAPHAEL J. LALLOUZ | 14631 SW, 87TH PLACE, MIAMI, FL 33176 | ■ Add |
| | | | □Remove |
| | | | □Change |
| MGR | TAMARA GUBEN | 14631 SW, 87TH PLACE, MIAMI, FL 33176 | ■Add |
| | | | □Remove |
| | | | □Change |
| AMBR | SIXTO A. CABRERA | | □Add |
| | | 12879 SW, 61 TER, MIAMI, FL 33183 | Remove |
| | | | □Change |
| AMBR | JMS Developments, LLC | 14631 SW, 87TH PLACE, PALMETTO BAY, F | L 3311. ■ ■ Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
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| ective date, if other than th | e date of filing:ust be specific and cannot be prior to | | (optional) | |
| te: If the date inserted in this locument's effective date on the | block does not meet the applicable | date of filing or more than le statutory filing requir | ements, this date will not b | e listed as |
| cord specifies a delayed effect s filed. | ive date, but not an effective time | e, at 12:01 a.m. on the ea | urlier of: (b) The 90th day | rafter the |
| June 20, | 2022 | | | |
| | R La Word | • | | |

Typed or printed name of signee