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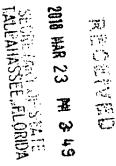
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Office Use Only



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# **COVER LETTER**

SUBJECT: Imperial Guardian, 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:
Annie D. Odom Name of Person
Imperial Canardian, LC
609 Mary Beth Ave.
Tallahassee Fla. 32303 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Annie D. Odom at (850) 284-6266  Name of Person at (850) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

n.

Imperial	JUG50	pany as it now appears on our records.) Liability Company)	
O(Name of the Lam	(A Florida Limited	any as it now appears on our records.  Liability Company)	
ne Articles of Organization for this Limited I	iability Compan	y were filed on $3/23/18$	and assigned
orida document number	<del>,</del>		
is amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name of	of the limited lia	bility company here:	
e new name must be distinguishable and contain the			
new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LLC" or the al	obreviation "L.L.C."
nter new principal offices address, if appli	cable:	NA	
rincipal office address MUST BE A STRE		-/-	
		<del></del>	<del>,</del>
		<del> </del>	
ter new mailing address, if applicable:		1/A	
ailing address MAY BE A POST OFFICE	' ROX)		
uning dual Co. 1971 F BD 71 1 CO. CT 1 1 CD	<u> </u>		
If amending the registered agent and	or registered	office address on our records, enter	the name of the
istered agent and/or the new registered o	ffice address he	<u>re</u> :	
	110		
Name of New Registered Agent:	NA		
New Registered Office Address:	·		
		Enter Florida street address	
		, Florida	
		City —	7in Coda

#### 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 = Ma AMBR = Au	inager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Annie Odon	609 Mary Beth Ave	Add
		Tallahassee, Fla. 323	<u>PO</u> ☐ Remove
			Change
	AcashenaCok	1010 Basin St. Ap Tallahassee, Fla 32	✓ □ Add
		Talla hassee, Fla 32	Remove
	Δ		☐ Change
	gostle DL Pittons		Add
	7	Tallahasseg Fla	
		32304	Change
	Izory Cook	642 Duns St	□ Add
	/	Tallahassee, Fla	D Remove
		32304	Change
	Craig Page	800 west Virgina	S Add
		800 West Virgina Tallahassee, Ha 32304	Remove
		32304	Change
			Remove
			☐ Change

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Tective (	late, if other than the date of filing: Marsh 23, 2018 (optional)	
an effectiv	e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li	05.02 sted
	s effective date on the Department of State's records.	Stock
	specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earch day after the record is filed.	lier
1116 50	/ –	
ated	3/23 6018	
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	1 ' (() //	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00