

L18000036950

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

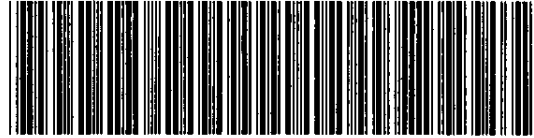
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 MAR - 7 PM 7: 34

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Imperial 1 Partners 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:

Dianna Tavares Diaz  
Name of Person

Imperial 1 Partners LLC  
Firm/Company

30841 Wootley #  
Address

Wesley Chapel FL, 33543  
City/State and Zip Code

Imperial1Partners@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dianna Tavares Diaz at (813) 526 6540  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

**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

Imperial 1 Powers LLC

(Name of the Limited 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 02/09/18 and assigned Florida document number L18000036950.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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18 MAR - 7 PM 7:34

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 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 \_\_\_\_\_

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

Title                  Name                                  Address                                  Type of Action

<u>MGR</u>	<u>DILMA TAVARES</u>	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

<u>MGR</u>	<u>DILMA TAVARES DIAZ</u>	_____	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Change
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Change
-------	-------	-------	---------------------------------

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated March 05 2018

*[Handwritten Signature]*

Signature of a member or authorized representative of a member

Diana Tames Diaz

Typed or printed name of signee

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L18000036950  
FILED 8:00 AM  
February 09, 2018  
Sec. Of State  
cewilson

**Article I**

The name of the Limited Liability Company is:

IMPERIAL 1 PAVERS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

30841 WOOLEY CT  
WESLEY CHAPEL, FL. 33543

The mailing address of the Limited Liability Company is:

30841 WOOLEY CT  
WESLEY CHAPEL, FL. 33543

**Article III**

Other provisions, if any:

INSTALL AND RECONSTRUCT PAVERS

**Article IV**

The name and Florida street address of the registered agent is:

DILMA TAVARES  
30841 WOOLEY CT  
WESLEY CHAPEL, FL. 33543

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DILMA TAVARES



Department of State / Division of Corporations / Search Records / Detail By Document Number /

### Detail by Entity Name

Florida Limited Liability Company  
IMPERIAL 1 PAVERS LLC

Filing Information

<b>Document Number</b>	L18000036950
<b>FEI/EIN Number</b>	NONE
<b>Date Filed</b>	02/09/2018
<b>Effective Date</b>	02/08/2018
<b>State</b>	FL
<b>Status</b>	ACTIVE

Principal Address

30841 WOOLEY CT  
WESLEY CHAPEL, FL 33543

Mailing Address

30841 WOOLEY CT  
WESLEY CHAPEL, FL 33543

Registered Agent Name & Address

TAVARES, DILMA  
30841 WOOLEY CT  
WESLEY CHAPEL, FL 33543

Authorized Person(s) Detail

**Name & Address**

Title MGR

TAVARES, DILMA  
30841 WOOLEY CT  
WESLEY CHAPEL, FL 33543

Annual Reports

**No Annual Reports Filed**

Document Images

02/09/2018 -- Florida Limited Liability [View image in PDF format](#)