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(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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C. GOLDEN MAR ~ (2020

COVER LETTER

Division of Cor	porations		
SUBJECT: FRESH	IMAGINATIVE, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Processing Departme	nt	
		Name of Person	-
		Firm/Company	
	5605 Riggins Court	Suite 200	
		Address	_
	Reno, NV 89502		
		City/State and Zip Code	
	docs@incauthority.com		
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	concerning this matter, please co	all:	
Processing Departm	ent	at (800) 638-2320	
Name (of Person	at (800) 638-2320 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)

MAILING ADDRESS: Registration Section Division of Corporations

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301 TO:

PHYSICAL: Dept. of State Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

National Corporate Headquarters, Inc.

5605 Riggins Court Suite 200

Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Tuesday, February 04, 2020

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment to Articles of Organization For <u>FRESH IMAGINATIVE</u>, <u>LLC</u>

We have included payment in the amount of \$25.00 for the following fees:

Amendment

We have included one original

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 5605 Riggins Court Suite 200 Reno NV 89502

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FRESH IMAG	SINATIVE, LLC	2020 FEB 10 AM 8: 46
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our rec Liability Company)	<u>rords.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 04/06/18	and assigned
Florida document number L18000087898		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
ALCHEMY GROUP MIAMI, LLC The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "l	LLC" or the abbreviation "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 of registered agent and/or the new registered office address her		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street od	dress
	,	Florida
New Registered Agent's Signature, if changing Registered Agent	•	Zip Code
· · · · · · · · · · · · · · · · · · ·	_	I family an army to assumely with the
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

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 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_	Andres Belli	641 Espanola Way #23	🖸 Add
		Miami Beach, FL 33139	Remove
			Change
			Remove
			Change
		Remove	
	 	☐ Change	
			Remove
			Add
			☐ Remove
			Change
			AdJ
			Remove

O. If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
Note: If the date in	other than the date of filing:
	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: after the record is filed.
Dated	February 3 2020
	Signature of a member or authorized representative of a member
Kaela	Joy Brehm
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00