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TO: Registration So Division of Co					
	IMAGEN & MERC	ADEO LLC	.·		
SUBJECT:	Name of Lim	Name of Limited 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:			
	LUIS	SA A RAMIREZ DIAZ			
		Name of Person		-	
		Firm/Company		-	
	1	6931 SW 5th COURT			
	Address			. 2 2	
	WES	STON, FLORIDA 33326		2022 APR 19 Seonetasi	., [
		City/State and Zip Code			• • • • • • • • • • • • • • • • • • • •
		amirez.diaz@gmail.com to be used for future annual report notif	ication)	Δ^{-}	, , ,
For further information of	concerning this matter, please co	•	reality	PH 12: 5	-
	RAMIREZ DIAZ	at (305) 215-0571		!r; —	
Name o	of Person	Area Code Daytime	: Telephone Number	r	
Enclosed is a check for t	the following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMAGEN & MERCADEO 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 JUNE 8th 2018 Florida document number <u>L1800014</u>2462 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ANDREA RAMIREZ PR Y/O IMAGEN & MERCADEO LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 16931 SW 5th COURT Enter new principal offices address, if applicable: WESTON, FLORIDA 33326 (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 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

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>	Address	Type of Action
			□Add
			□Remove
			Change
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