

9/19/2018

Sep. 19, 2018 12:45PM

PAGIO'S & ASSOCIATES, LLC

No. 4580 P. 1

**L18000205535**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC  
Account Number : 120100000043  
Phone : (305)397-8553  
Fax Number : (305)397-8521

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: evelina@imtranslationsllc.com

2018 SEP 19 PM 1:14

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18 SEP 19 PM 7:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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I.M. TRANSLATIONS LLC

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: I.M. TRANSLATIONS 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:

Evelina Imbriani

\_\_\_\_\_  
Name of Person

I.M. TRANSLATIONS LLC

\_\_\_\_\_  
Firm/Company

4779 Collins Ave, Apt 4201

\_\_\_\_\_  
Address

Miami Beach, FL 33140

\_\_\_\_\_  
City/State and Zip Code

evelina@imtranslationsllc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Evelina Imbriani

786  
at ( )

860-9402

\_\_\_\_\_  
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**

I.M. TRANSLATIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
18 SEP 19 PM 7:11  
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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/28/2018 and assigned  
Florida document number L18000205535

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)

4779 Collins Ave, Apt 4201  
Miami Beach, FL 33140

**Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

4779 Collins Ave, Apt 4201  
Miami Beach, FL 33140

**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:** Evelina Imbriani  
**New Registered Office Address:** 4779 Collins Ave, Apt 4201  
Enter Florida street address  
Miami Beach, Florida 33140  
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.*

Evelina Imbriani  
**If Changing Registered Agent, Signature of New Registered Agent**

H18000273588.3

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>	<u>Type of Action</u>
AMBR	Evelina Imbriani	4779 Collins Ave, Apt 4201	<input type="checkbox"/> Add
		Miami Beach, FL 33140	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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TALLAHASSEE, FLORIDA

09/19/2018

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


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) this date will not be listed as the effective date of the patent.

**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 September 19, 2018

  
Signature of a member or authorized representative of a member

**Evelina Imbriani**

Typed or printed name of signee