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COVER LETTER

SUBJECT: Imagine Success Properties One, LLC	то:		stration Sect sion of Corpo				
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: Jasmine Barkum	enn 102		_	-			
Please return all correspondence concerning this matter to the following: Jasmine Barkum	SUBJEC	∪l; <u>.</u>		Name of Limi	ted Liability Company		
Section Section	The encl	losed	Articles of A	mendment and fee(s) are subr	nitted for filing.		
Name of Person	Please re	eturn .	all correspon	dence concerning this matter t	to the following:		
Firm/Company 3225 McLeod Drive, Suite 100 Address Las Vegas, Nevada 89121 City/State and Zip Code ra@andersonadvisors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jasmine Barkum 800 706-4741 at (Jasmine Barkum			
Address Las Vegas, Nevada 89121 City/State and Zip Code ra@andersonadvisors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jasmine Barkum Name of Person at (Name of Person	-	-
Address Las Vegas, Nevada 89121 City/State and Zip Code ra@andersonadvisors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jasmine Barkum Area Code Name of Person Enclosed is a check for the following amount: Second Filing Fee & San.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) City/State and Zip Code Toda Toda Toda-4741 Daytime Telephone Number Second Filing Fee & Second Filing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed) Certificate Copy					Firm/Company		-
Las Vegas, Nevada 89121 City/State and Zip Code ra@andersonadvisors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jasmine Barkum				3225 McLeod Drive, Suite	100		_
City/State and Zip Code ra@andersonadvisors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jasmine Barkum 800 706-4741 at (Address		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jasmine Barkum				Las Vegas, Nevada 89121			_
For further information concerning this matter, please call: Jasmine Barkum				ra@andersonadvisors.com	City/State and Zip Code		
Solutional copy is enclosed) Jasmine Barkum				E-mail address: (t	to be used for future annual repo	ort notification)	
at (For furth	her in	formation co	ncerning this matter, please ca	all:		
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Area Code Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certificate Of Status & Certificate Of Status & Certified Copy	Jasmine	Bark	tuni		at ()		
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status			Name of	Person	Area Code	Daytime Telephone Numbe	τ
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	Enclose	d is a	check for the	following amount:			
	\$25.	.00 Fi	ling Fee		Certified Copy	Certification Certified	ate of Status & d Copy

MAILING ADDRESS:

TO:

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

(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 ______ and assigned Florida document number _______. 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 "LL.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 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 City

New Registered Agent's Signature, if changing Registered Agent:

Imagine Success Properties One, LLC

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>	<u>Address</u>	Type of Action
AMBR	Marcella L. Davidson	7136 Strand Cir.	Add
		Bradenton FL 34203	Remove
			□ Change
MGR	Marcella L. Davidson	7136 Strand Cir.	■ Add
		Bradenton FL 34203	□ Remove
			□ Change
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			Q Remove
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If amending any other information, enter change(s) here: (Attach addition	nui sneets, y neecssury.
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Effective date, if other than the date of filings	(antional)
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or many the late inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	ore than 90 days after filing.) Pursuant to 605.020 grequirements, this date will not be listed a
ne record specifies a delayed effective date, but not an effective to The 90th day after the record is filed.	ime, at 12:01 a.m. on the earlier α
Dated November 8 , 2018.	
Dated November 8, 2018 Marcella L. Davidson Signature of a member or authorized representative	of a member
Signature of a member of authorized representative	or a monitoer

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00