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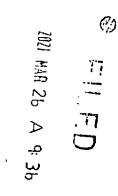
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Certified Copies	_ Certificates	of Status
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S.C.

COVER LETTER

TO: Registration 5 Division of Co		•	
	E REALTY LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
	oondence concerning this matter		
	Bruno Fernandez		
		Name of Person	
	Imagine Realty LLC		
		Firm/Company	
	9365 US Highway 19 N S	uite A	
		Address	
	Pinellas Park, FL 33782		
	bruno.a.fernandez@gmail.c	City/State and Zip Code	
	• •	to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
Bruno Fernandez		727 254-9464	
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	Certified Copy Conditional copy is enclosed) Conditional copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is embosed)
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter</u>	r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	283
	F	lorida <u>(7)</u> <u>Ap</u> Code
New Registered Agent's Signature, if changing Registered		₹¶p Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agreeto 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, whis 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	STEVEN BARON	6820 WAGON WHEEL CIR	□ Add
		SARASOTA, FL 34243	■ Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
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effective date is listed, the cete: If the date inserted in	late must be specific a	ind cannot be prior to dat	e of filing or more than 9	0 days after filing) Purs	nant to 605 020
ument's effective date or	the Department of	f State's records.	statutory ming require		يبهدوج. ل
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cord specifies a delayed o	effective date, but n	ot an effective time, a	it 12:01 a.m. on the ea	rlier of: (b) The 900	h day aften the
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		a member or authorized	representative of a mem	ber	
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