

L19000137320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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19 AUG -9 AM 12:02
DIVISION OF CORPORATION
STATE OF MARYLAND

LLC
Am d.
08/12/19
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2019

CRISTINA ABRAMS
IMAGINE GEEK LLC
1292 THE 12TH FAIRWAY #C
WELLINGTON, FL 33414

SUBJECT: IMAGINE GEEK LLC
Ref. Number: L19000137320

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

OUR RECORDS REFLECT NICHOLAS ABRAMS BEING AN AUTHORIZED REPRESENTATIVE. IF YOU ARE REMOVING NICHOLAS ABRAMS AS AN AUTHORIZED REPRESENTATIVE, PLEASE CHANGE YOUR DOCUMENT ACCORDINGLY. WE ARE ATTACHING A COMPUTER PRINTOUT OF THE AUTHORIZED PERSONS LISTED CURRENTLY IN YOUR ENTITY. PLEASE VERIFY THE INFORMATION SHOWN ON THE PRINTOUT AND MAKE ANY CHANGES NEEDED ACCORDINGLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 719A00013624

2019 AUG -9 PM 12:08

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Imagine Geek 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:

Cristina Abrams
Name of Person
Imagine Geek LLC
Firm/Company
1292 The 12th Fairway #C
Address
Wellington FL 33414
City/State and Zip Code
info@imaginegeek.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristina Abrams at (786) 230-0287
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

DIVISION OF CORPORATE
19 AUG -9 AM 10: 02

Imagine Geek 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 05/22/2019 and assigned
Florida document number L19000137320.

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)

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

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.


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>	<u>Type of Action</u>
AR	ABRAMS, NICHOLAS M	1292 THE 12TH FAIRWAY APT C	<input type="checkbox"/> Add
		WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ABRAMS, CRISTINA M	1292 THE 12TH FAIRWAY APT C	<input checked="" type="checkbox"/> Add
		WELLINGTON, FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	ABRAMS, CRISTINA M	1292 THE 12TH FAIRWAY APT C	<input type="checkbox"/> Add
		WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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.

Dated _____


Signature of a member or authorized representative of a member

Cristina M Abrams
Typed or printed name of signee