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COVER LETTER

	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	ROBERT C. WEBSTER			
		Name of Person		
	IMAGINE DESIGNS US.	A LLC.		
		Firm/Company		
	1191 EMERALD LANE			
		Address		
	RIVIERA BEACH, FL 33	404		
	imaginedesignusa@hotmail	City/State and Zip Code L.com		
	E-mail address: (to be used for future annual rep	ort notification)	
For further information	concerning this matter, please co	all:		
ROBERT C. WEBSTE	R	561 283-1		
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 enclose	D \$60.00 Filing Fee Certificate of \$t d) Certified Copy (additional copy is e	atus &

MAILING ADDRESS:

Registration Section

Division of Corporations

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

IMAGINE DESIGNS USA LLC.		
(Name of the Limit	ed Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)
	(A Florida Ellinted Elability Company)	_
The Articles of Organization for this Limited Li	ability Company were filed on	2019 #96 21 P 2: 50 AUGUST 15, 2019 and assign
_		SECRETARY OF STATE
Florida document number L19000197884	·	TALL'AHASSEE, FLORIDA
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company l	nere:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	POV)	
AMUNING BURIESS MAT BE AT UST OFFICE		
		
B. If amending the registered agent and/	or registered office address o	n our records, enter the name of
registered agent and/or the new registered of	fice address here:	
Name of New Registered Agent:		
		
New Registered Office Address:	7" . 7"	
	rinter ru	orida 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this docume 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 removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of A
AP	RONALD R. DIMARTINO	1191 EMERALD LANE.	
		RIVIERA BEACH, FL 33404	
			Remov
			Change
ROBERT C. WEBSTER MGR	ROBERT C. WEBSTER	1191 EMERALD LANE, RIVIERA BEACH, FL 33404	∃ Add
			Add
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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied 90th day after the record is filed.
Dated _	THURSDAY AUGUST 15TH 2019
	Charles and
	Signature of a member or authorized representative of a member
	ROBERT C. WEBSTER
	Typed or printed name of signee