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621 (T) F124	IMG FINA	NCIAL LLC	.,.	um y
SUBJE	CT:		ed Liability Company	
The encl	fosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please re	aturn all correspo	ndence concerning this matter to	o the following:	
		ELIZABETH JAKUBIAK		
			Name of Person	
		ELIZABETH JAKUBIAK (UPA	
			Firm/Company	
		390 TEQUESTA DR STE A	\	
			Address	
		TEQUESTA FL 33469		
			City/State and Zip Code	
		GREENFOOTPRINT@COM		
		E-mail address: (to	be used for future annual report notific	eation)
For furth	er information co	oncerning this matter, please call	1:	
ELIZAE	BETHJAKUBIA		561 277-9843 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.0	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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y as it now appears on our records.) lability Company)	
were filed on AUGUST 29 2019	and assigned
lity company here:	
ly Company," the designation "LLC" or	the abbreviation "L.L.C."
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<u> </u>	lity company here:

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:

or removed from our records:		
MCD M		
MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			□ Remove
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ffective date, if other than the date of filing:	(0	ptional)	
an effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable statu	Tiling or more than 90 days a itory filing requirements	after filing.) Pursua this date will no	int to 605.0. It he listed
ocument's effective date on the Department of State's records.		min date with the	r oc nated
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