L200000 44574

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
2115 12 25	MPERIUM	NATION, LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Hollie Craft		
			Name of Person	
		DSK Law		
			Firm/Company	
		332 N Magnolia Avenue		
			Address	-
		Orlando, FL 32801		
			City/State and Zip Code	P 11.
		heraft@dsklawgroup.com		
For further in	iformation c	e-mail address: (oncerning this matter, please o	to be used for future annual report notification) all:	<u> </u>
Hollie Craft			407 992-3644 at ()	AH 7: 47 OF STATE SSEE, FL
	Name o	f Person	Area Code Daytime Telephone	Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Reg Div		Section orporations	Street Address: Registration Section Division of Corporations	
P.O. Box 6327			The Centre of Tallahasse	ee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

MPERIUM NATION, LLC (Name of the Limited Liability Company as it now annears on our records.)

(A Florida Limited	Liability Company)	<u>-</u> /
The Articles of Organization for this Limited Liability Company	were filed on <u>02/07/2020</u>	and assigned
Florida document number L20000044574		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
IMPERIUM NATION, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		2020 SE
		ER L
	•	A
Enter new mailing address, if applicable:		5 ASS
• • • • • • • • • • • • • • • • • • • •		
Mailing address MAY BE A POST OFFICE BOX)		72 F
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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 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>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
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fective date, if other an effective date is listed, the ote: If the date inserted beament's effective date	ne date must be spec I in this block doe I on the Departme	rific and cannot s not meet the ent of State's	e applicable records.	statutory fil	ng requireme	ents, this da	ng.) Pursuan te will not	be liste	ed as i
record specifies a delayer is filed.	d effective date, b	out not an eff	ective time,	at 12:01 a.m	, on the earlie	er of: (b)	The 90th di	ıy after	the
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<u></u>	Signatu	re of a member	r or authorize	l representati	re of a member	· _			
	(Admin)	$\Gamma \setminus A$	(1	DSK me of signee	1 5				