## LZ0000146675

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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
	Arts Literature and Creative A	rts Productions LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	Sandra Maria Salles Mich	elini	
		Name of Person	
	Imaginaria Arts Literature	and Creative Arts Productions LL	c
		Firm/Company	2023
	2990 Aqua Virgo Loop		2023 MAY 31
		Address	<u> </u>
	Orlando FL 32837		MAY 31 PM 3: 33
		City/State and Zip Code	To S
	sandra michelini28@gmail		
		to be used for future annual report no	uncabon)
For further information c	oncerning this matter, please c	ali:	
Sandra Maria Salles Mic	helini	805 869-9257 at ( )	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	Section	Street Address: Registration S	
Division of C P.O. Box 632	•	Division of Co The Centre of	
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Imaginaria Arts Literature and Creative Arts Productions 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 05/20/2020 and assigned Florida document number \_\_\_\_\_L20000146675 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: America Now Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

## 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>Name</u>	Address	Type of Action
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		□Remove
		□ Add
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Filing Fee: \$25.00