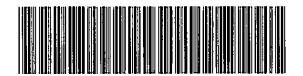
## L20000219551

(Re	equestor's Name	9)		
(Ad	ddress)			
(Ac	ddress)			
(Ci	ity/State/Zip/Pho	ne #)		
PICK-UP		MAIL		
(Bi	usiness Entity Na	ame)		
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				
J. HORNE JAN - 4 2023				
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Office Use Only



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July 11, 2022

CINDY LEANDRE 8356 WEST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33351 US

SUBJECT: ACCESS MORTGAGE LENDERS, LLC

Ref. Number: L20000219551

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Letter Number: 822A00015424

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

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## **COVER LETTER**

TO: ,	Registration Sec Division of Corp						
elib i <b>c</b>	Access Mort	tgage Lenders, LLC					
SUBJE	WBJECT: Name of Limited Liability Company						
The enc	losed Articles of A	Amendment and fee(s) are submitted for filing.					
Please r	eturn all correspor	ndence concerning this matter to the following:					
		Cindy Leandre					
		Name of Person					
		Imagine Technical College, LLC					
		Firm/Company					
		13544 NW 9TH STREET					
		Address					
		PEMBROKE PINES, FL 33028					
		City/State and Zip Code					
		cindyleandre@gmail.com					
		E-mail address: (to be used for future annual report notification)					
For fur	ther information co	oncerning this matter, please call:					
Cindy	Leandre	954 842-9400 at ( )					
	Name o	f Person Area Code Daytime Telephone Number					
Enclos	ed is a check for th	he following amount: -> already Paid in a Pre Vious filing					
□ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee,  Certificate of Status & Certified Copy (additional copy is enclosed)					

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STALL AHASSEE. TITE

Access Mortgage Lenders, 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 Liabilities Florida document number L20000219551	ty Company	were filed on		and assigned
This amendment is submitted to amend the following	ā: 			
A. If amending name, enter the new name of the	limited liabi	lity company here:		
Imagine Technical College,LLC				
The new name must be distinguishable and contain the words	"Limited Liabil	ty Company," the designation	on "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable	:			
(Principal office address MUST BE A STREET AL	DDRESS)	<del>\</del>	<del>///</del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	N/A			
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office a ere:	ddress on our records,	, <u>enter t<b>h</b>e name</u>	of the new registered
Name of New Registered Agent:		NA		
New Registered Office Address:	N/A	Enter Florida stree	et address	<u> </u>
	, 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>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
		N/A	□ Add
			□Remove
			□Change
			□Add
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