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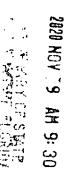
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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NOV 10 2020 M. SOLOMON



October 8, 2020

WISLER LOUIMA 3760 INVERRARY DR., APT. 2G LAUDERHILL, FL 33319

SUBJECT: IMAGINEE LLC Ref. Number: L20000275784

We have received your document for IMAGINEE LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

I Mark made the Part Ctions. Thank you

Mel Solomon Senior Section Administrator

Letter Number: 320A00019697

REC.FIVED

www.sunbiz.org

Division of Company in D. D. D. D. C. C. C. T. U. J. C. C. C.

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

TO ARTICLES OF ORGANIZATION OF

Inaginee LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number 200002757	y were filed on <u>SPH</u> 34	mbor 3rd 20 and assigned
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		5 53
		020
Enter new mailing address, if applicable:		6. AOA
(Mailing address MAY BE A POST OFFICE BOX)		
		ي ښو تو
D. If among the state of the st		30 30 a
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	0.	Florida
N. D. A. C.	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

or removed fro	on our records:		· · · · · · · · · · · · · · · · · · ·
MGR = Man AMBR = Aut	nager horized Member		
Title 2001	<u>Name</u>	Address	Type of Action
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	I am only amending the Manager name
	to be added on future documents.
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Effect	ive date, if other than the date of filing:
<u>note:</u>	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
	of other steering.
he recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
oru 18 (1	
Dated	11/6/2020
	Jam Jan
	Signature of a member or authorized representative of a member