

121 000465473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

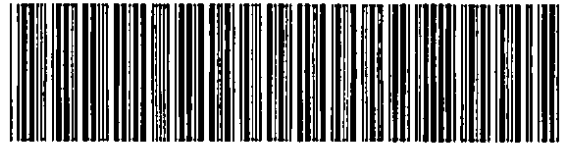
(Business Entity Name)

(Document Number)

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2021 NOV 29 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
DEC 14 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Imagination Island Creations LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Berée Denieuerkerk
Name of Person

Firm/Company

PO Box 17394
Address

Plantation, FL 33318
City/State and Zip Code

reneedenieuerkerk@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Berée Denieuerkerk at (954) 245-9671
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

2021 NOV 29 AM 7:30

Imagination Island Creations LLC

(Name of the Limited Liability Company as it now appears on ~~file records~~ SECRETARY OF STATE FLORIDA)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/26/2021 and assigned
Florida document number L21000465473.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

6550 NW 20th St #5

Sunrise, FL 33313

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 17394

Plantation, FL 33318

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:

6550 NW 20th St #5

Enter Florida street address

Sunrise

City

Florida 33313

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]



(If an effective 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)(b)

If the record 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 record is filed.

Renee D. Vianushak
Signature of a member or authorized representative of a member

Filing Fee: \$25.00