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SECRETARY OF STATE
TALLAHASSEE EI

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APR 1 1 2022

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	<u>-</u>	
	Rhonda Gaines-Miller		
		Name of Person	
	Imagine The Ambiance Tr	avel Agency, LLC	
		Firm/Company	
	12614 SW 53rd Street		
		Address	
	Miramar, Florida 33027		
		City/State and Zip Code	
	imaginetheambiance@gmai		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Rhonda Gaines-Miller		305 987-9813 at (
Name o	f Person		e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Sec	Nion
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT

FILED

ARTICLES OF ORGANIZATION 2022 MAR 25 AM 7: 06 **OF**

Imagine The Ambiance Travel Agency, LLC

company has been notified in writing of this change.

SECRETARY OF STATE TALLAHASSEE, FL

(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 2/21/2022 and assigned
Florida document number L22000082876	
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 Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2114 N Flamingo Road #2201
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pine Florida 33028-3501
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	2114 N. Flamingo Road #2201 Pembroke fixes, Fl 33028 address on our records, enter the name of the new registered
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
			
		<u> </u>	
			□ Remove
			Change
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	3/21/2022
lf an effe <u>Note:</u>	ve date, if other than the date of filing:
e record rd is fil	I 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 ed.
Dated _	March 21 2022
-	

Typed or printed name of signee