

L23000004669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

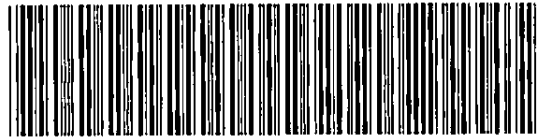
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 MAR 30 PM 1:22
CLERK OF COURT
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Imperial Importers 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:

Maureen L. Fiacco
Name of Person

Imperial Importers LLC
Firm/Company

75 Hogpenny Alley
Address

Alys Beach FL 32461
City/State and Zip Code

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

For further information concerning this matter, please call:

Maureen Fiacco at (404) 754-5538
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

2023 MAR 30 PM 1:22

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Imperial Importers 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 1/1/2023 and assigned Florida document number L23000004669

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)

605 North County Hwy 393 Unit 11A
Santa Rosa Beach, FL
32459

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Christine Matthe	267 Mellich Ave	<input type="checkbox"/> Add
		Atlanta, GA 30317	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Natalie Fiacco	600 Garson Dr, NE	<input type="checkbox"/> Add
		Apt 8005	<input checked="" type="checkbox"/> Remove
		Atlanta, GA 30324	<input type="checkbox"/> Change
AMBR	Meryl Fiacco	198 Van Vorst St	<input type="checkbox"/> Add
		Apt 509	<input checked="" type="checkbox"/> Remove
		Jersey City, NJ	<input type="checkbox"/> Change
		07302	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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.

Maureen L. Liscio
Signature of a member or authorized representative of a member

Maureen L. Fiacco
Typed or printed name of signee

2023 MAR 30 PM 1:22
STATE

7-11