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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190

: (844)449-3624 Fax Number : (512)597-0678

**Enter the email address for this business entity to be used for future

	annual	report	mailings.	Enter	only	one	email	address	please.**	*
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NOV - 4 2024

Page: 2 of 5

2024-11-02 07:02:15 UTC+14 COVER LETTER

18506176383

From: ZenBusiness User

	tion Section of Corporations
Sara SUBJECT:	i Advisory LLC
SUBIRCE:	Name of Limited Liability Company
The enclosed Art	cles of Amendment and fee(s) are submitted for filing.
Please return all o	orrespondence concerning this matter to the following:
	Allison Monzon
	Name of Person
	ZenBusiness INC
	Firm/Company
	336 E. College Ave Suite 301
	Address
	Tallahassee, FL 32301
	City/State and Zip Code
	fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
c/o ZenBusiness	at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is a che	k for the following amount:
■ \$25.00 Filing	Fee U \$30.00 Filing Fee & U \$55.00 Filing Fee & U \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Registr Divisio P.O. B	Address: ation Section Registration Section Division of Corporations at 6327 The Centre of Tallahassee See, FL 32314 Tallahassee, FL 32303

Page: 3 of 5

2024-11-02 07:02:15 UTC+14 18506176383 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

From: ZenBusiness User

Sarai Advisory 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 Compa	any were filed on 2023-0	7-07	and assigned	
Florida document number L23000322687				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company here:			
Imama Community LLC				
The new name must be distinguishable and contain the words "Limited Li	iability Company," the design	nation "LLC" or the al	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS))			
	 			
Enter new mailing address, if applicable:				
Muiling address MAY BE A POST OFFICE BOX)				
			<u> </u>	
3. If amending the registered agent and/or registered offic	oo addrass on our rass	rde antar tha nan	no of the new regist	
s. It amending the registered agent and/or registered blid agent and/or the new registered office address here:	re address on our recor	ds, enter the nan	ie of the new regist	
Name of New Registered Agent:				
with of the wine interest regard.		_		
New Registered Office Address:	F			
	Enter Florida street address			
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Age	<u>:nt:</u>			
hereby accept the appointment as registered agent and a	agree to act in this cape	acity, I further ag	gree to comply with	
provisions of all statutes relative to the proper and comple				

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

_ 🗆 Add

_ □Remove

_ □Change

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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this idecument's effective date on the	ust be specific a block does not	nd cannot be prior meet the applic	able statutory fil	more than 90 days af	tional) for filing.) Pursuant to his date will not be	605.0207 () listed as th
e record specifies a delayed effect rd is filed.	ive date, but no	ot an effective ti	me, at 12:01 a.m	i. on the earlier of:	(b) The 90th day a	fter the
Dated	<u>-</u>	2024				
/s/ Juliana K	Zdika			ve of a member		