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SHORL TARY OF STATE BIVISION OF CORPORATIONS

T. MATTHEWS MAY 3 1 2022

COVER LETTER

Same of Limited Liability Company (s) are submitted for filing. this matter to the following: WN Name of Person INGS, LLC							
this matter to the following: WN Name of Person INGS, LLC							
WN Name of Person INGS, LLC							
Name of Person INGS, LLC							
Name of Person INGS, LLC							
INGS, LLC							
Firm/Company							
5846 SOUTH FLAMINGO ROAD, SUITE 186							
Address							
7. FL 33330							
City/State and Zip Code							
1AIL.COM all address: (to be used for future annual report notification)							
er, please call:							
954 895-7941 at ()							
at ()							
nt:							
g Fee & S55.00 Filing Fee & Gertified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)							
Street Address: Registration Section							
Division of Corporations							
The Centre of Tallahassee							
11/2 autoriti							

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED STATE SECRETARY OF STATE OF ORPORATIONS

EXTRA EARNINGS, LLC

22 APR 19 AM 9: 49

ssigned
"L.L.C."

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>	Address	Type of Action
AMBR	JERRY R. BROWN	5846 SOUTH FLAMINGO ROAD	
		SUITE 186	□Remove
		COOPER CITY, FLORIDA 33330	Change
AMBR	ILISS P. BROWN	5846 SOUTH FLAMINGO ROAD	□Add
		SUITE 186	
		COOPER CITY, FLORIDA 33330	Change
			□Add
			□Remove
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fective date, if other than t	he date of filing:	09/28/2021		(optional)	
on effective date is listed, the date rote: If the date inserted in this ocument's effective date on the	oust be specific and ca block does not me	innot be prior to date of the applicable st	of filing or more than atutory filing requir	90 days after filing.) Pursua ements, this date will no	int to 605.0207 of be listed as
record specifies a delayed effectis filed.	tive date, but not a	i effective time, at	12:01 a.m. on the e	arlier of: (b) The 90th	day after the
APRIL 15		2022			
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Typed or printed name of signee