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## **COVER LETTER**

TO:		stration Section Sion of Corpor					
SUBJE	CT:	Florida	LLC	Name	Amondment ted Liability Company		
				Name of Limit	ted Liability Company		
The end	losed	Articles of Arr	endment and t	fee(s) are subn	nitted for filing.		
Please r	eturn :	all corresponde	ence concernin	g this matter t	o the following:		
			Kareim	7 Bisi	hop - Wright Name of Derson		
					Name of Derson		
			Incom	reneer 1	CLC Firm/Company		
					rirm/Company		
			4058 1.	3+4 St.	Scite 1060 Address		
			Saint C	loud, F	L. 34769 City/State and Zip Code		
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ror lutt	.HCI 111.	iormation conc	cining out ma	mer, picase ca	HI.		
	Kai	Name of Pe	right right		at (754) 66 Area Code D	7 - 9444 aytime Telephone Number	
Enclose	ed is a	check for the f	ollowing amou	unt:			
□ <b>\$</b> 25	5.00 Fi	ling Fee	□ \$30.00 Filii Certificate	-	☐ S55,00 Filing Fee & Certified Copy (additional copy is enclosed	S \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	

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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

INCOMENEER, LLC	
(Name of the Limited Liability Compan (A Florida Limited L	iy as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company v. Florida document number $\underline{-422600375384}$ .	were filed on Hugust 25 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	4058 13th St. Swide 1070 Said Cloud, Fr. 34769
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4058 1314 St Sw. to 1070 Soud Clard, Fl. 34769
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	2023 H
Name of New Registered Agem: No CHANGE New Registered Office Address:	Enter Florida street address
	City Florida Zip Code

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

New Registered Agent's Signature, if changing Registered Agent:

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 Address Type of Action <u>Title</u> **Name** □Add □Remove □ Change  $\square$ Add \_ □Remove ☐ Change  $\square$ Add □ Remove □ Change □Add □Remove □ Change □Add  $\square$ Remove È Change □Add □Remove

Change

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(li`an ofi <u>Note:</u>	tive date, if other than the date of filing: March 17 2023 (optional) Rective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the recor record is fit	rd 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 led.
Dated	March 17 2023
	March 17 2023.  Signature of member or authorized representative of a member
	Signature of member or authorized representative of a member
	Kareim Wright

Typed or printed name of signee