* Division of Corpogations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fam Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 1200800000067 Fnone : (845)425-0077 Fax Number : (845)618-3598

Enter the email address for this business entity to be used for ful annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **INAM LLC**

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Corporate Filing Menu

Help

From: Vcorp Services, LLC

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

| INAM LLC | | |
|--|---|--|
| (Name of the Limited Liability Company (A Florida Limited Lia | r as it now appears on our re bility Company) | cords.) |
| The Articles of Organization for this Limited Liability Company w Florida document number <u>L22000410385</u> | rere filed on <u>09-21-2022</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability GBGB LLC The new name must be distinguishable and contain the words "Limited Liability | | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | _ |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: Name of New Registered Agent: | ldress on our records, <u>e</u> | nter the name of the new registered |
| | | |
| New Registered Office Address: | Enter Florida street a | ddress |
| | , Flor | |
| - | City | , Florida |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance of my dutie ovided for in Chapter (| s, and I am familiar with and 605, F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

From, Vcorp Services, LLC

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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 | | | | | |
|---|--------------|---------|----------------|--|--|
| Title | <u>Name</u> | Address | Type of Action | | |
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| E. Effective date, if other than the diff an effective date is listed, the date must be Note: If the date inserted in this blood document's effective date on the Dep | ck does not meet the applicable | ate of filing or more than 90 days statutory filing requirement | (optional) s after filing.) Pursuant to 605,0207 (3) s, this date will not be listed as the |
| fithe record specifies a delayed effective record is filed | date, but not an effective time, | at 12 (1) a.m. on the earlier | of: (b) The 90th day after the |
| Dated | 2022 | | |
| | 2022 2022 | | |
| S | ignature of a member or authorize | ed representative of a member | |
| Taylor Lolya | | | |
| | Typed or printed n | ame of signee | |