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T. MATTHEWS FEB - 3 2022

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Co			
CHDIECT.		IPS-GULF LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SYED MUHAMMAD NA	VED HASHMI	
		Name of Person	
	IPS-GULF LLC		
		Firm/Company	
	4614 TUTTLE RD		
		Address	
	DUBLIN, OH 43017		
	NAVEDHASHMI@GMAI E-mail address: ()	City/State and Zip Code L.COM to be used for future annual report no	tification)
For further information of	oncerning this matter, please ca	all:	
SYED MUHAMMAD N	NAVED HASHMI	614 2098893	
Name c	d Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IPS-GULF LLC	22 JP 27 PH 3: 07
(<u>Name of the Limited Liab</u> i (A Florid	ility Company as it now appears on our record da Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Florida document number 1.19000267315	Company were filed on OCT 24, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	<u> </u>
(Principal office address MUST BE A STREET ADD	<u>PRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	2 22 44	
	Enter Florida street addres	N .
	, Fl	orida
	$\cup HV$	z.yr Couc

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 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	Khalid Abdullah Al Khwyter	3901 Nw 79th Ave. Suite 245 #929	
		Miami, FL 33166	≡ Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
		_	🗆 Add
			□Remove
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			□Remove
			□Change
			□Add
			⊡Remove
			□Change

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