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SECRETARY OF STATE

5/20/21

COVER LETTER

| TO: | Registration Se Division of Cor | | | • |
|---------|------------------------------------|--|-------------------------|--|
| | INRSITE. I | | | |
| SOBJI | ECT: | Name of Lim | nited Liability Company | |
| | | | _ | |
| | | Mital Patel | | |
| | | | Name of Person | |
| | | Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Mital Patel Name of Person INRSFTE, LLC Firm/Company 3016 N US Hwy 301 Suite #400 Address Tampa, FL 33619 City/State and Zip Code accounting@inrsite.com E-mail address: (to be used for future annual report notification) procerning this matter, please call: 1813 | | |
| | | | Firm/Company | |
| | | 3016 N US Hwy 301 Suite | · #400 | |
| | Address | | | |
| | | Tampa, FL 33619 | | |
| | | | | |
| For fur | rther information c | | | otrication) |
| Mital | Patel | | | |
| | Name o | f Person | Area Code Dayti | ime Telephone Number |
| Enclos | sed is a check for th | ne following amount: | | |
| □ \$2 | 5.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | | | | |

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

FILED 2021 FEB - 1 AM 9: 28

SECRETION OF -

INRSITE, 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 I | iability Company | were filed on 08/05/2008 | and assigned |
|---|---------------------------------------|-------------------------------|--------------------------------------|
| Florida document number [1.08000075219] | | | |
| This amendment is submitted to amend the following | lowing: | | |
| A. If amending name, enter the new name of | f the limited liab | oility company here: | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designatio | n "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 3016 N US Hwy 301 | |
| (Principal office address MUST BE A STREET ADDRESS | | Suite #400 | |
| | · · · · · · · · · · · · · · · · · · · | Tampa, FL 33619 | |
| | | | |
| Enter new mailing address, if applicable: | , | 3016 N US Hwy 301 | |
| (Mailing address MAY BE A POST OFFICE BO. | BOX) | Suite #400 | |
| | | Tampa, FL 33619 | |
| B. If amending the registered agent and/or agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: | | | enter the name of the new registere |
| New Registered Office Address: | | Enter Florida street | address |
| | Tampa | | , Florida <u>33569</u> |
| | | City | Zip Code |

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.

f 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> | Name | Address | Type of Action |
|---|--------------|---|----------------|
| MGRM | Amit Patel | 13904 Pepperrell Dr. | |
| | | Tampa, F1, 33624 | ■Remove |
| | | | ⊡Change |
| MGRM | Ranjan Patel | 9208 WATERBIRD DRIVE | = Add |
| | | RIVERVIEW, FL 33578 | _ |
| | | | Change |
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| Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this bloe document's effective date on the Depter of | k does not meet the ap | oplicable statutory | or more than 90 days a filing requirements. | otional) fter filing.) Pursuant to 60 this date will not be lis |)5,0207 sted as |
| e record specifies a delayed effective order is filed. | date, but not an effecti | ve time, at 12:01 a | i.m. on the earlier of: | (b) The 90th day aft | er the |
| Dated | 2021 | - | | | |
| | MM | 75 | | | |
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| Si | ishadire of a member or | authorized represent | ative of a member | | |

Filing Fee: \$25.00