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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
| (Dusiness Entity Name) | | | | |
| (Business Entity Name) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| | ration Section on of Corporations | | | | | |
|--|---|----------------------------|---|---|--|--|
| SUBJECT: IP1 | | | ligent LLC | | | |
| | *************************************** | | ed Liability Company | | | |
| The enclosed A | rticles of Amendment a | nd fee(s) are subn | nitted for filing. | | | |
| Please return a | I correspondence concer | ming this matter to | o the following: | | | |
| | | Ch | nristopher Gotzmann | | | |
| | Name of Person | | | | | |
| | IPTelligent LLC | | | | | |
| | Firm/Company | | | | | |
| 199 E | | | 99 E Flagler St #351 | | | |
| | Address | | | | | |
| | | | Miami FL 33131 | | | |
| , , , | | | City/State and Zip Code | | | |
| Chris@miaminoc.com E-mail address: (to be used for future annual report notification) | | | | | | |
| | | E-mail address: (to | be used for future annual report no | dification) | | |
| For further info | rmation concerning this | matter, please cal | II: | | | |
| Chris Gotzmann | | n | at (_818 ₎ | 2634484 time Telephone Number | | |
| | Name of Person | | Area Code & Day | time Telephone Number | | |
| Enclosed is a c | neck for the following ar | nount: | | | | |
| ▼ \$2 5.00 Filir | | iling Fee & cate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status sed) Certified Copy (additional copy is | | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS

11 JUN 24 PM 1:50

| IPTellige (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | ent LLC ny as it now appears on our records.) iability Company) |
|--|---|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 09</u> 0000 30162 | were filed on $03/27/2009$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and end with the words "Limit "L.L.C." | ted Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 2115 NW 22nd St #C110 |
| (Principal office address MUST BE A STREET ADDRESS) | Miami FL 33142 |
| | |
| Enter new mailing address, if applicable: | 199 E Flagler St #351 |
| (Mailing address MAY BE A POST OFFICE BOX) | Miami FL 33132 |
| | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | ice address on our records, <u>enter the name of the new</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| - | Enter Florida street address |
| | , Florida |
| | City Zin 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action **MGRM** Rafael Cresci _ Add ☑ Remove Christopher Gotzmann MGRM 21301 Erwin St #217 **✓** Add Woodland Hills, CA 91367 Remove Remove \neg Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Rafael Gomes de Cresci Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00