# LIDUCOUG5579

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### **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: 1NA		TIONS LLC ted Liability Company	<del> </del>	,
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspor	ndence concerning this matter t	to the following:		
	DANIEL	DRt 3 COLL Name of Person		
	INFLOW S	SOLUTIONS LI	LC	
	4100 N	POWERLINE F	ROAD Suite A	1
	POMPANIC dfdeinf E-mail address: (1)	BEACH FL: City/State and Zip Code Clowsolutions be used for future annual report notific	33073 TALL ALL ALL ALL ALL ALL ALL ALL ALL AL	16 AUG
For further information co	ncerning this matter, please ca	II:	SSEE	FILEI
DANIEL Name of	DR15COLL Person	at ( <u>954</u> ) <u>975 -</u> Area Code Daytime	9559 Felephone Number	PN 12: 03
Enclosed is a check for the	e 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 enclose	
	· · ·			

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 ARTICLES OF ORGANIZATION **OF**

NAME of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)  itability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L   000065579</u>	were filed on 6/21/2010	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	ity Company," the designation "LLC" or the ab	breviation "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 of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		FIL AUG 2: AHASS
New Registered Office Address:	Enter Florida street address	
	, Florida	N   N   N   N   N   N   N   N   N   N
	Ciţv	Zip <b>Ç</b> ődê 🐱
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 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

Title	<u>Name</u>	Address	Type of Action
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effective : If the	ate, if other that date is listed, the date inserted in effective date on	te must be specific his block does n	e and cannot not meet the	applicable	late of filing c e statutory f	or more than 90 iling requiren	(optional days after filin nents, this dat	l) g.) Pursuant to 605.0 e will not be listed
ecord e 90th	specifies a de n day after th	ayed effective record is file	re date, b ed.	out not a	n effectiv	e time, at	12:01 a.m	. on the earlier
d <u>Au</u>	15ust 18	<del>2016</del>	,	016				
	DH.	1411	Qual	1				
_		Signature of	of a member	or authorize	ed representa	tive of a memb	er	

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Filing Fee: \$25.00