L13 000150118

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
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S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	INSTAVIT	US LLC		
		Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		SCOTT PERKINS		
			Name of Person	
		INSTAVIT US LLC		
		Firm/Company		
		1200 MOUNTAIN CREEK ROAD, #145		
		Address		
		CHATTANOOGA, TN 37405		
			City/State and Zip Code	
		scott.perkins@instavit.com		 -
For furth	ner information co	E-mail address: (to be used for future annual report notif all:	cation)
SCOTT	PERKINS		423 4985470	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne 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)

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 ARTICLES OF ORGANIZATION OF

INSTAVIT US LLC (Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)		_	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L13000150118}{L13000150118}$.		and	assign	ed
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 contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation	"11C	
Enter new principal offices address, if applicable:	1200 MOUNTAIN CREEK ROAD, #	1145		
(Principal office address MUST BE A STREET ADDRESS)	CHATTANOOGA, TN 37405	<u></u>	19	
		<u> </u>	æ æ	11
Enter new mailing address, if applicable:	1200 MOUNTAIN CREEK ROAD, #	ر آران 145 ش	8	
Mailing address MAY BE A POST OFFICE BOX)	CHATTANOOGA, TN 37405	- 	-0 34:	5
		<u> </u>	<u>~</u>	
		<u>)</u> .	دي	ā
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		<u>r the nam</u>	ie of	the n
Name of New Registered Agent:				

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.

City

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:

<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
			☐ Remove
			Change
			☐ Remove
			Change
			Remove
			☐ Change
			O Add
			☐ Remove
			☐ Change
			Remove

□ Change

<u>te:</u> lf	date, if other than the date of filing:
recor he 9	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ted	April 1 . 2019.
	ω_{1}
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00