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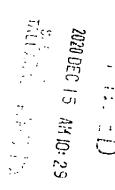


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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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ХХ	CERTIFIED COPY		
	РНОТОСОРУ		
хх	CUS	GOOD STANDING	
хх	FILING	LLC AMENDMENT	
	TPTS, LLC		
((CORPORATE NAME AND DO	CUMENT #)	
	CORPORATE NAME AND DO	PLIMITATE 45	<u>-</u> .
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IPIS, LLC		
(Name of the Limited Liability Co (A Florida Lim	empany as it now appears on our records ited Liability Company))
The Articles of Organization for this Limited Liability Comp. Florida document number L14000041457	pany were filed on May 12, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
		000
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		ia O
		29
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter (</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rn.	
	, F10	rida

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	Name	Address	Type of Action
MGR	Jill Bernstein	300 Seminole Avenue, Apt 5A	
		Palm Beach, FL 33480	□Rcmove
			🗀 Change
			□Remove
			Change
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ective date, if other than the dan effective date is listed, the date must be te: If the date inserted in this block tument's effective date on the Department.	specific and cannot be prior to does not meet the applicable	date of filing or more than 9 le statutory filing require	(optional) 0 days after filing.) Pursuant to ments, this date will not be	605.020 listed a
union Seriourive date on the Depa	runent of state s records.			
cord specifies a delayed effective d s filed.	ate, but not an effective time	e, at 12:01 a.m. on the ea	rlier of: (b) The 90th day	after the
ed December 8	2020			
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	mature of a member or authoriz			_

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