Page: 2 of 5

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220000307213)))



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Doing so will generate another cover sheet.

To:	
	Division of Corporations
	Fax Number : (850)617-6383
From:	
	Account Name : C T CORPORATION SYSTEM
	Account Number : FCA000000023
	Phone : (614)280-3338
	Fax Number : (954)208-0845
**Enter	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**

Electronic Filing Menu

4

Corporate Filing Menu

Help

To: -18506 #6383

475

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Plorida document number L14000108733		and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" or	the abbreviation "L.L.C	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 office a egent and/or the new registered office address here:	address on our records, enter the	name of the new	regist
igent and/or the management and an arrangement			
Name of New Registered Agent:			
New Registered Office Address:	Enjer Florida street address		
	Florid	<u>-</u>	
<del></del>	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.

From: Kaity Toon

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

To: -185061-6383 \*

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Intuition, LLC	9428 Baymeadows Road	🗀 Add
-		Suite 600	\equiv \eq
		Jacksonville, FL 32256	□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Remove
			Change
			🖸 Add
			□Remove
			Change

From Keity Toon

DocuSign Envelope ID: 56EE5C93-11A5-4388-AC28-CD8967921B7F

	be a member-managed limited li	liability company."
Artic	ele VII of the articles of organiza	ation is to be deleted in its entirety.
<u></u>		
ote: If t	he date inserted in this block doe	of filing:
cord sp is filed.		but not an effective time, at 12:00 a.m. on the earlier of: (h). The 90th day after the
	January 24	2022
ted	Cocusinged by	